

C.M.A. House of Delegates Proceedings

FIRST MEETING

APRIL 27, 1952

The first meeting of the House of Delegates of the 81st Annual Session of the California Medical Association was held at the Biltmore Hotel, Los Angeles, California, Sunday, April 27, 1952. The meeting was called to order at 9:45 a.m. by the Speaker of the House, Dr. Donald A. Charnock.

SPEAKER CHARNOCK: The 81st meeting of the House of Delegates of the California Medical Association will please be in order.

We will first have the report of the Committee on Credentials, Dr. Foster of Santa Clara County.

REPORT OF THE COMMITTEE ON CREDENTIALS

DR. THOMAS M. FOSTER (chairman): Mr. Speaker, a quorum is present. One hundred fifty-four members have been seated.

SPEAKER CHARNOCK: Thank you, Dr. Foster.

There is a quorum present in the House. The Chair is ruling that a roll call will not be necessary due to the fact that we have a signed list of all members present. If there is no objection from the House, we will dispense with the roll call. (Applause.)

The chairman of each delegation will be responsible for voting of his delegation. There have been several questions about eligibility for membership in the House. Eligibility for membership in the House depends upon Chapter V, Section 6 of the By-Laws. There has been some question about the seating of delegates and alternates according to Chapter V, Section 3 of the By-Laws. It specifically states that delegates or their elected alternates will be seated and the Chair rules that only delegates or their elected alternates will be seated.

DR. WILBUR BAILEY (Los Angeles County): May I appeal from that decision? As you know, it has been customary in the past for any alternate, if he were present, to take the place of a delegate. That is to say, Dr. Adams has Dr. Black as his alternate opposite him but if Dr. Black doesn't happen to be here, if there is any alternate, he will be accepted. This has had its advantage for the smaller counties where we don't disfranchise voters because sometimes an exact alternate that should be on hand isn't on hand. Now then, the question resolves around a legal interpretation of Section 3 and the best way to find out about it is to ask the attorney. If he doesn't know, the best way to find out is to see what the House wants. The Chair has ruled that a duly elected delegate or alternate might be seated, whose name is opposite, and, if the man isn't there you can't go down and get somebody else from your delegation.

I believe that we could go back in the By-Laws under our old policy of taking any alternate provided he is present. Therefore, I appeal from the

decision of the Chair merely as a method of bringing it before the House. If you vote in favor of the Chair, all right, because, after all, he had to rule one way or the other. Then we will stand as he has just ruled, that a specific alternate must be on hand for a specific delegate. If you vote against his opinion, then this body will in effect make a rule by which we can be guided later on, that any alternate may be seated in place of any delegate.

SPEAKER CHARNOCK: Thank you, Dr. Bailey. I appreciate that this is a controversial matter on which the Chair ruled and I am going to ask Mr. Hassard to give us his legal opinion upon this ruling.

MR. HOWARD HASSARD: Mr. Speaker, members of the House of Delegates: The new By-Laws which you adopted last year contain two sections specifically relating to the composition of the House. Under the heading "House of Delegates," Chapter V of the By-Laws, Section 1, is as follows:

"Each component society shall elect a delegate and one alternate for such delegate in an aggregate number of delegates and alternates equal to the total number of delegates and alternates to which the component society is entitled."

Then Section 3 of the same chapter entitled, "Limitation on Seating of Delegates," reads this way:

"Only duly elected delegates or their elected alternates may be seated at any session of the House of Delegates unless the Secretary of the Association has been given due notice of the substitution at least fifteen (15) days in advance of the session."

You will note that the first section that I read provides that each society shall elect a delegate and one alternate for such delegate while the second section relating to the seating is in the plural, "duly elected delegates or their elected alternates." The Speaker's ruling is consistent with the language of Section 1 of Chapter V and also with the language of Section 3. However, there is room for interpretation solely because Section 3 which deals specifically with the seating of delegates uses the language, "delegates or their elected alternates." The problem has been presented to the House by the appeal. Which interpretation do you place on these two sections?

DR. FOSTER: Is it possible to have the reading of the old by-law, the one that preceded this one, because I believe it was exactly the same and in the past this was ignored.

SPEAKER CHARNOCK: Will the Legal Counsel advise us on that?

MR. HASSARD: I will have to do it from memory as I don't have a copy of the old by-laws. My recollection is that the prior by-laws did not limit the seating of delegates by societies in any fashion, either as to delegates or alternates, but in the absence of a quorum or an absence of other delegates or alternates any active member of a society could

be seated pro tem. I don't recall any provision in the prior by-laws as the equivalent of the new sections.

DR. GEORGE W. KRESS: My memory is to the effect that the present by-law is very much the same as the previous by-laws. Through all the many years we have ignored it. We have ignored it as was stated by Dr. Bailey because, while it was desirable to have that written into the by-laws, nevertheless it follows that you would disfranchise many of our smaller units and also a good many of the voting members of the larger units.

I think if the ruling of the Chair is put in operation you will see the discrepancy that will arise and you will later regret it. Now, granted that we shouldn't pad our delegations; there is no desire to do it because our component societies have all elected their men in due form. The basic thought in the California Medical Association has always been this, that every component county society should have an opportunity to be represented and that was the reason for many years we ignored the exact language of that provision in the by-laws whereby an alternate could only be seated in the absence of the delegate if he had been specifically elected for that purpose.

I think my good friend, Mr. Hassard's memory is at fault and. John, don't you have a copy of the old by-laws?

MR. JOHN HUNTON: We don't use them any more.

DR. KRESS: Sometimes you need them. I have a copy at home but not here.

DR. ROBERTSON WARD (San Francisco County): Mr. Speaker, members of the House: I was on the last Committee of Five that worked on this present Constitution and By-Laws. Now that we are getting into a number of things, I had better tell you what my memory of it is. My memory of it is that we made a specific change from the old constitution and by-laws in order to pin responsibility on elected delegates and elected alternates. We did change the by-laws in this particular in order to have personal responsibility which we thought at that time was a good thing and it was voted on by you people when you adopted these by-laws.

Now, as it has worked out, it is not only going to disfranchise some of the smaller counties but it is going to prevent voting by some elected delegates and alternates. If we can do what this by-law intends, which was to have a specific delegate elected for that purpose or an elected alternate, I think it will accomplish the purpose.

SPEAKER CHARNOCK: Thank you, Dr. Ward. Is there any more discussion?

DR. E. VINCENT ASKEY (Los Angeles County): Mr. Speaker, ladies and gentlemen of the House: I think this may be clarified in the following way. There is no intent on anybody's part, in my belief, to disfranchise anybody but it happens that with the elected delegates and their alternates we have seen fit in the past, with our constitution, to have sent to every delegate and alternate the reports of the interim committees that have been working, in order to have the people that are sitting and deciding

on the issues know what they are all about. Now if we go to the A.M.A. and look at what they did, why, they have exactly the same rule. It is either the delegate or his elected alternate who must sit. Nobody else can sit if there is nobody there. The idea is this, that by reason of experience and knowledge and the information that has been sent to you before, you will know what you are talking about. It is my opinion that if we just continue as we have in the past and bring in any Tom, Dick and Harry—even though he be the best man possible—he has not had the information sent to him previously and does not know as much as he should.

Secondly, in my opinion if we hold to the rule which has been put in our Constitution and which has just been enunciated by the Speaker, we will then have the people here because the county society knows that unless these men are there they won't be represented; they will see that they are there. They will have their men there. As it has been in the past I have heard and have been a party to the—well, it doesn't make any difference if you are there or not because we will put in another man. I would heartily endorse holding to the rule of the Constitution as enunciated by the Speaker.

... The question was called for. . . .

SPEAKER CHARNOCK: I have already recognized Dr. Montgomery and I am sorry.

DR. LAURENCE MONTGOMERY (Councilor, Eighth District): I am glad that Dr. Askey has brought up the matter of the A.M.A. We have discussed this in San Francisco at some considerable detail and we think to a certain extent there is distinct difference between the A.M.A. situation in regard to their activities and our situation here, specifically because the A.M.A. pays the way of delegates to the convention. On that basis there may be cases in which, for one reason or another, delegates are unable to attend, specifically on a financial basis, and then they would be disfranchised. I personally think if we do not do it at this time, and it may be inadvisable to make the change at this time, but it would be my thought that we will have to make the change some time.

I will agree with Dr. Askey that I do not believe, as we have had in the past, in this hit-and-miss of picking up of delegates from membership of the county society. I did not think it was wise or intelligent and I think we have enough flexibility there that we can bring up the program if we want to.

SPEAKER CHARNOCK: Just for the record, and in view of this dissertation, I will say that the A.M.A. does not pay the fare of the House of Delegates or their alternates. They have several state societies who do that and California is one of the few states that do.

Are you ready for the question?

... The question was called for. . . .

SPEAKER CHARNOCK: Those in favor of sustaining the decision of the Chair will please say "aye" and those opposed "no."

... A vote was taken on the decision of the Chair.

SPEAKER CHARNOCK: The Chair is in doubt. Those who are in favor of sustaining the decision of the Chair will please stand and then those opposed will please stand.

... A standing vote was taken. ...

SPEAKER CHARNOCK: The House sustains the ruling of the Chair.

Although we do not have a roll call, I should like at this time to call the roll of the Past Presidents who are now members of this House and please have them stand:

Dr. George H. Kress. (Applause.)
Dr. Edward N. Ewer (Applause.)
Dr. Lyell C. Kinney (Applause.)
Dr. Junius B. Harris. (Applause.)
Dr. George G. Reinle. (Applause.)
Dr. Robert A. Peers. (Applause.)
Dr. Harry H. Wilson. (Applause.)
Dr. William R. Molony, Sr. (Applause.)
Dr. Karl L. Schaupp. (Applause.)
Dr. Lowell S. Goin. (Applause.)
Dr. Sam J. McClendon. (Applause.)
Dr. John W. Cline. (Applause.)
Dr. E. Vincent Askey. (Applause.)
Dr. R. Stanley Kneeshaw. (Applause.)
Dr. Donald Cass. (Applause.)

Thank you, gentlemen. We appreciate having you with us.

I will now go through the announcement of approval of reference committees.

The first committee is the Committee on Credentials: Thomas N. Foster, chairman; Robert A. Patrick and Warren A. Wilson.

Reference Committee No. 1: Dr. Douglass Batten, chairman; Dr. Roland R. Jantzen, Dr. James W. Moore.

Reference Committee No. 2: Dr. Stanley R. Truman, chairman; Dr. John C. Ruddock, Dr. Samuel B. Randall.

Reference Committee No. 3: Dr. E. C. Halley, chairman; Dr. E. C. Rosenow, Jr., Dr. Francis Rochex.

Reference Committee No. 4: Dr. Arthur A. Kirchner, chairman; Dr. Wayne P. McKee, Dr. Albert G. Miller.

If there is no objection from the House, these committees will stand as read. The Chair, hearing no objection, declares the committees constituted as read.

We are happy to welcome to this meeting the representatives of the press. Gentlemen, you are free to attend these meetings on the business side of the Association and you are just as welcome to sit in on the scientific sessions to be held during these four days. The officers and staff of the Association are all at your service in the event you need any clarification or any background on any topic which might be brought before this session for clarification. Don't hesitate to call on any of us. At the same time, may I please call your attention to the fact

that these meetings are wide open and that every member of this House of Delegates is completely autonomous as far as this body is concerned. Any member of the House may bring before the group any resolution or any piece of business which he feels belongs here. It is then that the members of the House of Delegates decide in a democratic process which items of business will be favorably acted upon and which ones will be rejected. An item which might make news today and which might be freely debated might be dead on Tuesday and we will count upon the good judgment of any member before bringing a matter before this group.

The next order of business is an address by our President, Dr. H. Gordon MacLean. Dr. MacLean. (Rising applause.)

ADDRESS BY PRESIDENT

DR. H. GORDON MACLEAN: Mr. Speaker, House of Delegates: I know you will be very pleased to know that you heard my address last year when I was inaugurated and the address you will hear will be presented later in the morning.

I do wish to present my thanks for all the graciousness shown me during the past year, especially by the county medical societies when our public relations team visited the different societies throughout the state.

I also wish to thank the Woman's Auxiliary and tell you gentlemen what I think about the Woman's Auxiliary. I think they are a wonderful organization and I believe that every county should have one and get behind it and support it. It is one of our very strong right arms, you might say.

I have a very pleasant task to perform and that is the presentation of the Fifty-Year Award Pins.

SPEAKER CHARNOCK: Fifty-Year Award Pins are to be presented to the following members, and as these members' names are called will they please come forward:

Dr. Harry E. Alderson, San Francisco. Dr. Gilbert M. Barrett, San Francisco. Dr. M. T. Enloe, Butte-Glenn. Dr. George W. Fowler, Santa Clara. Dr. Austin Miller, Tulare. Dr. Alfred Newman, San Francisco. Dr. Henry J. Sartori, San Francisco. Dr. James Sharp, San Francisco. Dr. William E. Stevens, San Francisco. Dr. John Wehrly, Orange.

PRESIDENT MACLEAN: Gentlemen, I have the honor of presenting Dr. Miller of Tulare with a Fifty-Year Award Pin. I believe to have been a member of the California Medical Association for fifty years is quite a remarkable event and we must remember too the great element of service that has gone to the public in probably fifty years or more. Dr. Miller, I wish to present this pin to you at this moment. With it go the best regards of the California Medical Association not only at the present time but also we give you very best wishes for the future. I am not going to put this pin on you because I have tried this before several times in making these awards and this little thing that screws on the back is very hard to thread. (Applause.)

I also wish to make a presentation to Dr. Gilbert M. Barrett of San Francisco. He also has been practicing medicine more than fifty years. I wish to give him this Fifty-Year Award Pin at this time. (Applause.)

SPEAKER CHARNOCK: Are there any more of our fifty-year gentlemen present? It seems that they live longer in San Francisco than they do in other parts of the state.

Stenographic service is available to you. Will you please have your resolutions typed in triplicate and, in presenting resolutions, will you please come to the microphone and announce your name and county so that the reporter may have it.

There is one other announcement I wish to make at this time. At 11:30 we are going on the air for a speech by our President-Elect, Dr. Lewis A. Alesen, so at that time we will interrupt the meeting to go on the air.

. . . The Vice-Speaker assumed the Chair. . . .

VICE-SPEAKER RANDEL: The House will now accede to the consideration of reports of the officers, councilors and committees. Most of these reports are printed in the Annual Reports Bulletin which you have here today. The Chair, however, will recognize any and all supplemental reports at this time.

First is the report of our President, Dr. H. Gordon MacLean.

PRESIDENT H. GORDON MACLEAN: No further report, Mr. Speaker.

VICE-SPEAKER RANDEL: Thank you.

Now, from our President-Elect, Dr. Lewis A. Alesen.

PRESIDENT-ELECT L. A. ALESEN: No further report.

VICE-SPEAKER RANDEL: Dr. Donald Charnock, Speaker of the House. Do you have any further report?

SPEAKER CHARNOCK: No further report.

VICE-SPEAKER RANDEL: The report of the Vice-Speaker is likewise listed in the Annual Reports.

The Chair now recognizes Dr. Sidney J. Shipman, chairman of the Council.

DR. SIDNEY J. SHIPMAN: No additional report.

VICE-SPEAKER RANDEL: The report of the chairman of the Executive Committee, Donald D. Lum, is next. Is there anyone sitting in Dr. Lum's place? Dr. Lum is not here today.

PRESIDENT MACLEAN: I am sure there was no further report.

VICE-SPEAKER RANDEL: Report of the Trustees of the California Medical Association, Dr. MacLean.

PRESIDENT MACLEAN: No further report.

VICE-SPEAKER RANDEL: Report of the Secretary, Dr. Albert C. Daniels.

SECRETARY DANIELS: No further report.

VICE-SPEAKER RANDEL: Mr. John Hunton, the Executive Secretary. Do you have a further report?

EXECUTIVE SECRETARY HUNTON: No further report, Mr. Speaker.

VICE-SPEAKER RANDEL: Report of the Editor of *California Medicine*, Dr. Dwight Wilbur.

DR. DWIGHT L. WILBUR: No further report.

VICE-SPEAKER RANDEL: Now we proceed to the reports of the District Councilors. The Councilor of the First District, Dr. Francis E. West. Is Dr. West present? Does anyone want to submit a report in his absence? Hearing none, we will proceed.

Report of the Second District. We have no report.

For the Third District, Dr. H. Clifford Loos.

DR. H. CLIFFORD LOOS: No further report.

VICE-SPEAKER RANDEL: Dr. J. Philip Sampson, Councilor for the Fourth District.

DR. J. PHILIP SAMPSON: No further report, Mr. Speaker.

VICE-SPEAKER RANDEL: Councilor of the Fifth District, Dr. A. A. Morrison.

DR. A. A. MORRISON: No further report.

VICE-SPEAKER RANDEL: Dr. Neil J. Dau, Councilor for the Sixth District.

DR. NEIL J. DAU: No further report.

VICE-SPEAKER RANDEL: Dr. Hartzell H. Ray, Councilor for the Seventh District.

DR. HARTZELL H. RAY: No further report, sir.

VICE-SPEAKER RANDEL: Councilor of the Eighth District, Dr. M. Laurence Montgomery.

DR. M. LAURENCE MONTGOMERY: No further report.

VICE-SPEAKER RANDEL: Dr. Lum, Councilor for the Ninth District, is not here and is there anyone to report in Dr. Lum's place? Hearing none, we will proceed.

Dr. John Green as Councilor for the Tenth District.

DR. JOHN W. GREEN: No further report.

VICE-SPEAKER RANDEL: Dr. Wayne E. Pollock, Councilor of the Eleventh District.

DR. WAYNE E. POLLOCK: No further report.

VICE-SPEAKER RANDEL: Councilors-at-Large, and we will call your name in rotation. Dr. Benjamin Frees.

DR. BENJAMIN FREES: No further report.

VICE-SPEAKER RANDEL: Dr. C. V. Thompson.

DR. C. V. THOMPSON: No further report.

VICE-SPEAKER RANDEL: Dr. Shipman.

DR. SIDNEY J. SHIPMAN: No additional report.

VICE-SPEAKER RANDEL: Dr. Bailey.

DR. WILBUR BAILEY: No further report.

VICE-SPEAKER RANDEL: Dr. Arthur E. Varden.

DR. ARTHUR E. VARDEN: No further report.

VICE-SPEAKER RANDEL: Dr. Ivan C. Heron.

DR. IVAN C. HERON: No further report.

VICE-SPEAKER RANDEL: We will now hear from Mr. Hassard, our Legal Counsel.

MR. HASSARD: No further report, Mr. Speaker.

VICE-SPEAKER RANDEL: We will now proceed with the reports of Standing and Special Committees.

DR. J. FRANK DOUGHTY (San Joaquin County): May I move that anyone having an additional report have an opportunity to give it and, Mr. Speaker, if there is no additional report of these various committees, I move they be accepted.

DR. BAILEY: I second the motion.

VICE-SPEAKER RANDEL: You have heard the motion and all of those in favor will signify by saying "aye" and those opposed "no."

. . . A vote was taken on the motion and the motion was carried. . . .

VICE-SPEAKER RANDEL: We, however, must still ask for supplemental reports of the standing and special committees.

Dr. Scarborough, chairman of the Cancer Commission.

DR. ROBERT R. SCARBOROUGH: Mr. Speaker and members of the House: The Cancer Commission wishes to call the attention of the House of Delegates of the California Medical Association to the fact that the Commission has continued approval of the program of the American Cancer Society in California. This society has adhered to the firm policy of conducting its program only with the approval of the Cancer Commission and the individual county medical societies. The medical profession has been the policy-making body with this society and the society has demonstrated consistently its desire to work in cooperation with the medical profession. Therefore the Cancer Commission recommends that by acceptance of this report the House of Delegates gives approval to the program of the California Division of the American Cancer Society.

VICE-SPEAKER RANDEL: This report of Dr. Scarborough will be referred to Reference Committee No. 1.

Have we any other reports of standing committees?

Dr. Murray, may we not hear from you?

REPORT OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION

DR. DWIGHT H. MURRAY (chairman, Committee on Public Policy and Legislation): Mr. Speaker, Mr. President, members of the House and guests: My report will be rather brief but there are a few things I wish to call the attention of the Delegates to particularly at this time.

You will recall at the Interim Session Ben Read reported very well on the last legislative session. He gave you, so to speak, the box score and, if you will recall, that was quite favorable. Now, what happened, if anything, that made this session of the Legislature in a way one of the hardest sessions that we have ever had. Because of the number of bills and the length of time required of the Legislature, and the fact that the Legislature has to adjourn at a certain time, it was difficult. Therefore, these bills have to be pushed through in pretty fast order. It is very detrimental to our welfare for a bill to go through a committee without there being somebody there to hear what is going on and perhaps give the

members of the committee some information that is needed. So, therefore, it takes a lot of manpower to keep up with these committees in Sacramento because there may be three or four committees meeting at the same time, all hearing something that has to do with medicine or public health.

That was our problem but, gentlemen, we were successful with the members of the Legislature. That is very simple. For many years we have been working with the elected candidates to the Legislature trying to inform them that you delegates, you men back home, have gone back to the grass roots, and have kept these men informed of the problems of medicine. They come to Sacramento informed.

Now, as to the problems that are to be met, there is less trouble from our office. That is very heartily appreciated by your Legislative Committee. I assure you that with the work you have done at home it has lessened the work of the Legislature by a great deal and has also made it much more effective.

Well, that is for the past but now what about the future? The future holds that we have a lot of work to do. For instance, we will start at the top. We have one United States Senator to elect. The incumbent, Senator Knowland, has been opposed by Mr. McKinnon and that campaign, I think, should interest every citizen in California and particularly should interest the members of the medical profession because it means a lot to have a man in the Senate of the United States that is familiar with the problems of medicine.

Then, coming on to the Congress. Instead of having to elect 23 Congressmen this year we have to elect 30. We have one man who is not a candidate for reelection to the Congress. He is opposing Senator Knowland. Then we have seven new places for these new districts that have been created so that makes eight new men to be elected to the Congress.

Gentlemen, we will say, before going on any further, that yesterday afternoon the legislative committees of the pharmacists, the dentists and the dispensing opticians, the hospitals and the physicians met and spent yesterday afternoon and last night in going over these various candidates. We have done our very best to select the men that we think understand our problems and you will hear before long through your county society and also from the key men in our counties the selection that was made by this committee yesterday. We went over this list of candidates for the Congress first, then came on down to our own State Senate. As you know, every two years we have an election in the Senate so every two years half of these men are candidates, that is, their term of office expires. That makes in California twenty State Senators that we have to elect this year. Of those twenty there are four veterans who are not seeking reelection. They feel that they have served their time and are not seeking to be reelected. We have then necessarily four new men to seat in the Senate.

I wish to say now that in one of these places, in Orange County, a man who was Assemblyman previously and at the present time is Speaker of the

Assembly, Sam Collins, is a candidate for the place that is being vacated by Senator Watson. In passing, I might say that no man has done more in the California Legislature for medicine than has Sam Collins. I want to say here that regardless of who his opposition may be, he is a tried and true friend and a man who knows the problems of medicine and we wish certainly to see that he is returned to the Legislature as a Senator.

Going on down the list of Senators, there are seven who are unopposed. That means, of course, that they are elected, so to speak. On the other thirteen we have rather active campaigns and you will be called upon, you men as Delegates, the key men over the state, will be called upon to keep these men informed of the problems of medicine so that they will know and can answer to their people on their stand on our problems.

Then coming into the Assembly, we have eighty Assemblymen, as you know, and of these Assemblymen there are fourteen who are not going to seek reelection in the Assembly. That will mean fourteen new faces in the Assembly. That presents a sizable job over the state and it is a job on which we will certainly ask for the help of you men. To do this job efficiently you will have to keep in contact and you will have to tell your friends of their feelings about the general health and public health of these men, their ideas, and the things that they stand for.

If we are going to be successful we must first register to vote. If you have not done that, of course, it is too late now but, having registered, let's do all we can as citizens of California to get out and vote at the election come June 3. If you will do that you will have then not only discharged your duty as citizens, but as doctors as well. Let's not have it pointed out again that the medical profession has not voted in toto. There are too many times and there are too many places in the whole country where the medical profession has not exercised its right of franchise; let's not have that said again.

One other thing with reference to the Legislature. I think this is of some interest to you and I wish to report on it briefly. That is the question of the crippled children. For some time it has been thought by many doctors that the Crippled Children's Act of California has been rather loosely administered even though it has been administered by the Department of Public Health. The question has been, who is a crippled child? First of all, who is a child? When does childhood end? In the second place, who is a crippled child and who says that so-and-so is a crippled child and who says he is not a crippled child? There has been a great deal of conflict about that. You doctors over the country have heretofore raised your voice in objection many times to things that have been done about crippled children and for the crippled children. You have seen instances where children have had to be transported a great many miles to have a tonsillectomy and all that sort of thing. You have been making these complaints for a long time and now you have a chance to speak your piece. This was brought about through two of

the doctors of California, particularly one of our North Bay counties, Santa Clara County particularly. They went to their Assemblyman, Robert C. Kirkwood, and they told him what they thought about crippled children and the care they were receiving and the money that was being expended. So Mr. Kirkwood became interested in this and, in going over the budget, he found out that probably there might be some adjustment in the budget with reference to the care of these children; so to him is due very largely the credit of getting an interim committee for the subject of crippled children in California. This was given to the committee in the Assembly on public health. The chairman of that committee is Arthur Connolly, Jr., of San Francisco.

That committee wishes to make a survey and an impartial study of this whole problem and then report back to the Legislature at the 1953 session. Now, gentlemen, is your time and we are going to give you the opportunity because you will be called upon not only to write your opinions to Mr. Arthur Connolly, Jr., 130 Montgomery Street, San Francisco, or to the secretary of your county society and inform them of your ideas about the crippled children and care of crippled children. You will furthermore be advised by certain people from the state getting together the factual and true information. We wish that committee to have from the medical profession of California their ideas and the true picture of the care of crippled children in California and we hope that you will avail yourself of this opportunity. You have been asking for it for a long time. Now the opportunity is granted to speak your piece and I hope that you do it and have a direct, fair and impartial report so that this committee will be informed of the information to report back to the Legislature for the 1953 session.

I wish at this time to extend thanks to so many people in California that I couldn't possibly read all of their names, but we enjoy and appreciate the assistance that has been given us in Sacramento by the doctors of the state.

I want to tell you just one instance of a man and I will tell you who it was — Dr. Sam Randall of Santa Cruz. I don't know whether Sam Randall is here this morning or not but we don't do these things on short notice if we can help it. But one Sunday night—I believe it was on Sunday night—we found out that it would be very important and very helpful if we could have Sam Randall at Sacramento the next morning. We found that out about 9 o'clock at night so I called Sam Randall on the telephone and asked him if he could come up. He is like all other busy doctors. He had operations scheduled for the next morning and he told me about that and I said, "Well, I would like very much to have you come. We need you." Well, after talking to him a little bit and thinking it over he said, "All right, I will be there." He chartered a plane and was in Sacramento at 9:30 the following morning. Now, such cooperation we appreciate very much.

I mention this one case because that is rather unusual but many other doctors of the state have

come to our assistance. Our president, our president-elect, our secretary, our executive secretary and all of the members of the Council, whenever they have been called upon, have come to our assistance. I never have called on anybody to help that they haven't done so wholeheartedly and that is why our legislative program is a success. This is a team problem. We cannot do it in Sacramento alone. Ben Read and Ed Clancy and our legal advisor are on the job constantly. Without them we would get nowhere very rapidly. I think Ben Read and Ed Clancy are very much like whisky. You know, it gets better with age and it doesn't seem that it has to be in wood necessarily for it to improve.

I have never heard any legislator nor have I heard any of the other members of the so-called third house ever criticize one of those men. They have said that they always tell them the truth and that is the slogan on which we go in Sacramento. I have said many times to the boys in Sacramento, "Now, look, we will tell them the truth. If that takes our shirts off, that is just too bad but we will let them have the truth," so I want you to know that that is the principle that is carried out. I want you to know what these men have done. Furthermore, in the past session, as in many or practically all of the past sessions, the doctors of Sacramento as usual rise to the cause. They have there the duty of taking care of the legislators and their families while they are in Sacramento and many of these legislators have to spend a lot of time in Sacramento other than the time that the Legislature is in session. Various committees are meeting there almost constantly. These doctors, without question, and never with a word of complaint, take care of whatever they are called upon to do. That is no small thing, gentlemen, in the whole legislative program.

Our public relations is a busy thing when we are working and taking care of patients. I wish to extend my thanks and appreciation to members of the legislative committee. I worked them pretty hard. I think I worked hard myself sometimes and you know when you work hard yourself you expect the other fellow to work hard. The members of the legislative committee have never failed me and they are always there when called upon. Again, I wish to let you know that this is team play, gentlemen, and as long as we consider it such we will be in a large way successful. It isn't any individual player that brings the results. Let's go home and see that the proper men are elected to their offices, men who know and understand the problem of medicine and public health in order that we can do more for our patients after the next session of the Legislature.

Thank you very much. (Applause.)

VICE-SPEAKER RANDEL: Thank you, Dr. Murray. Your remarks are always important and I am sure that each member of this House feels it is incumbent to take this message back to his component societies.

It is our purpose to expedite the deliberations of this House of Delegates. We do not wish in any way to limit reports. I am sure there are other reports

outstanding on special committees. I know that Mr. Clancy as Director of Public Relations has a report to give us.

Mr. Clancy!

REPORT OF COMMITTEE ON PUBLIC RELATIONS

MR. ED CLANCY (chairman): Mr. Speaker, members of the House of Delegates: Upon the recommendation of the Advisory Planning Committee and at the direction of the Council, the public relations department has been charged with the duty of encouraging a grass roots public relations program within all county societies.

This basic program encompasses the establishment of 'round the clock emergency medical care, making that care available to all regardless of ability to pay, and the formation of public service committees within the societies where the patient may have a forum for the presentation and adjudication of real or fancied complaints. Once all or part of the program is placed in operation, it is our further duty to acquaint the public with the accomplishments of the profession.

Translated into action, the precepts of the grass roots plan for the profession's public relations follow the proven program of "being good, doing good and then informing the public about your accomplishments."

To date, all or parts of the program are in effect in nearly every county society in the state. We will have succeeded in meeting our obligations to the public when—with the cooperation of the individual county society members—our program is in operation statewide.

The owners of California radio stations have been most cooperative in furthering their listeners' knowledge of the objectives and the scientific progress of medicine. As a public service to their audiences, and without charge to the profession, 27 radio stations are now carrying weekly programs for the county societies in their areas.

With such blanket coverage, it is our opinion, the programs are being heard throughout the state.

Since the radio station owners report fine acceptance of the programs, our experience indicates that—again with the cooperation of local societies—this phase of our efforts can be continued and expanded.

An important medium in carrying the profession's message to the people of California is newspaper advertising.

During the comparatively short time your Public Relations Department has been in operation we have placed a total of 786 announcements in 699 newspapers in 35 counties of the state.

These counties represent a population of 8,724,301, or 79 per cent of the state's total.

Nearly all of these advertisements have been placed in the hands of the individual publishers by members of the Advisory Planning Committee or the personnel of the Public Relations Department, at which time publishers were acquainted with the objectives of the profession's program.

Copy for all such advertisements is first approved by the officers of the individual societies and proofs are sent to the members before publication in the local newspapers.

Many of the announcements emphasize the training and qualifications of a doctor of medicine.

The advertisement, "Your M.D.," you may have noted, through the cooperation of the Los Angeles County Medical Association and C.M.A., is being published in the more than 200 daily and weekly newspapers of this county during the week of this convention.

Other copy is used to announce the perfection of 24-hour emergency medical care or the formation of public service committees.

In some counties the newspaper advertising has been used to tell the people about the accomplishments of the county society in some particular achievement in that area.

As an adjunct of the emergency care program, C.M.A. has made "Reminder Cards" available to members of the profession for distribution to their patients. Blank spaces are provided on the cards so the patient may write the name of his doctor and telephone numbers where he can be reached in case of an emergency. Patients are urged to post the cards near their telephones.

To date, 284,157 cards have been ordered by C.M.A.'s members.

These "reminders" will do much to eliminate confusion—with its sometimes negative publicity—when an emergency arises.

A.M.A. has produced a public relations plaque for use in physicians' offices. Because of its sincere and forthright language relative to physician-patient relationship, we've encouraged its use.

These plaques have been made available to all C.M.A. members at no cost and thus far 4,837 have been ordered. This record, we understand, is unequalled in the nation.

Services of the Public Relations Department are available—on call—to all county medical societies in any and all matters; in effect, we are at the command of all county society officers.

Routinely we carry on a publicity service in connection with the postgraduate meetings and other related activities of the profession at the state level.

Speeches are prepared for the profession to meet the growing demand for presentation before local groups. We encourage the idea of "more doctors meeting more people."

This brief report would not be complete without giving recognition to the fine support and cooperation of the elected officials of C.M.A. and the members of the Council and the officers of the county societies, Mr. John Hunton, Executive Secretary, the members of the Advisory Planning Committee and the enthusiastic and intelligent efforts of my two associates, Mr. Glenn W. Gillette of the San Francisco office and Mr. Jerry Pettis of our Los Angeles office.

VICE-SPEAKER RANDEL: Thank you, Mr. Clancy. The report will be referred to Reference Committee No. 1.

Again, the Chair wishes to advise the House that at the hour of 11:25 the order of business will be interrupted for the special broadcast.

Are there any other standing committee reports?

If not, we will proceed to special committees. Dr. Askey, do you have anything to report in connection with the American Medical Association House of Delegates? . . . Dr. Askey is not here.

Mr. Hunton, chairman of the Advisory Planning Committee, do you have anything?

MR. HUNTON: No further report.

VICE-SPEAKER RANDEL: Dr. John Upton, on the Blood Bank Commission.

DR. JOHN UPTON: No further report.

VICE-SPEAKER RANDEL: The chairman of the C.P.S. Liaison Committee, Dr. MacLean.

DR. MACLEAN: No further report.

VICE-SPEAKER RANDEL: At this time we will call upon the chairman of the C.P.S. Study Committee, Dr. Wilbur Bailey.

DR. BAILEY: This report will take thirty minutes and we wondered if you could have this House go further in the program and postpone our report until the first thing this afternoon.

VICE-SPEAKER RANDEL: Very well. That request will be granted.

The chairman of the C.P.S. Fee Schedule Committee, Dr. Burnham.

DR. DEWITT K. BURNHAM: Mr. Speaker and members: The report of the Fee Schedule Committee was printed. We wish to state, however, that 561 other questionnaires have been received and analyzed and they have not changed the schedule at all.

VICE-SPEAKER RANDEL: Thank you, Dr. Burnham, for that very fine report.

The Committee on Industrial Health, Dr. Leggo.

DR. CHRISTOPHER LEGGO: No further report.

VICE-SPEAKER RANDEL: In complying with Dr. Bailey's request we will interrupt the regular order of business and now proceed to old and unfinished business.

. . . Speaker Charnock assumed the Chair. . . .

SPEAKER CHARNOCK: We will now proceed to the report of Reference Committee No. 3 for the session of last December, and the Chair will recognize Dr. Lyle Craig, chairman of the reference committee for the last December meeting. Dr. Craig!

REPORT OF REFERENCE COMMITTEE No. 3

DR. LYLE G. CRAIG (chairman): Mr. Speaker, members of the House of Delegates: The report of Reference Committee No. 3 is in your hands and was sent to you thirty days ago. It has been given to you again this morning. I think we might as well proceed with the report having to do with the constitutional amendments. We will probably be able to complete

that before the deadline for the broadcast. I will ask Mr. Hassard to say a word to you about the chronological order of these amendments since there are several things in them which will be very confusing if they are not interpreted. Is Mr. Hassard in the room? Well, I am not legal counsel but my opinion of the thing is if you pass a constitutional amendment and subsequently pass another not in conformity to it you are in the second instance amending the constitution as already amended by the first one you pass. For example, the first constitutional amendment here places the Vice-Speaker as a member of the Council. The fourth constitutional amendment submitted specifies how the Council shall be elected and lists, under paragraph (b) (this is at the bottom of page two) that the President, President-Elect and Speaker shall be, and that takes precedence over Number 1 because it is subsequently passed and leaves out the Vice-Speaker so, if you pass Number 1, and then pass Number 4 fifteen minutes later, you have elected the Vice-Speaker as a member of the Council for approximately fifteen minutes.

Here is Mr. Hassard now. Let him explain this to you. Would you make a few remarks about the legality of this, Mr. Hassard?

MR. HASSARD: If you have before you the first two pages of the report you will notice that there are four constitutional amendments pending before the House. They appear in the report in the order in which they were introduced a year ago. It is not necessarily the order in which they should be acted upon. Three of the amendments are in one respect or another in conflict with each other. Now, that doesn't mean that you can't pass all three. You might if you wish but, in doing so the House should understand what the consequences would be if it passes one in advance of the other and vice versa.

Let's take first the last one, amendment number 4. Amendment number 4 would make, if adopted, two changes. It will make one change in the present composition of the Council. It will eliminate the Councilors-at-Large and it will eliminate them immediately that goes into effect.

Going back to page two, constitutional amendment number 3 likewise will eliminate the Councilors-at-Large but provides the incumbent Councilors-at-Large will serve out the remainder of their term, so that if number 4 is adopted the Councilors-at-Large that are now in office would go out of office immediately, whereas if number 3 is adopted the incumbents will remain for the balance of their terms.

If both are adopted the last one passed will prevail, so that in determining your vote bear in mind that if you desire the Councilors-at-Large to be removed from the Council then make up your mind whether you wish them eliminated at once or as their term expires.

Then the method. Number 1 on the first page adds to the Council a new position, that of Vice-Speaker. At the present time the Vice-Speaker is an officer of the Association but not a member of the Council. Amendment number 1 would add him to the Council.

On the other hand, amendment number 4 reaffirms the membership of the Council, including the District Councilors, the President, President-Elect and Speaker with no reference to the Vice-Speaker; so, gentlemen, if you desire to add the Vice-Speaker to the Council you should adopt number 1 first. Then, at the same time, if you should desire to remove the Councilors-at-Large and you later adopt number 4, you would take the Vice-Speaker off and you would have put him on a few minutes before, which might not be your desire at all.

Number 4 is the most drastic. You could act upon the first and not jeopardize subsidiary things. If you delete number 4, then the problem Dr. Craig mentioned doesn't exist and if you pass number 4 then you proceed to determine whether or not you wish the incumbent Councilors-at-Large to remain in office and then, if you proceed to number 1, whether you did or did not so act in reverse, number 4 first and then number 3 and then number 1, you could accomplish whatever the desires are without having the by-products involved that you might not wish.

SPEAKER CHARNOCK: Dr. Magoon.

DR. LESLIE B. MAGOON (Santa Clara County): Mr. Speaker, I move that the chairman of Reference Committee No. 3, in consultation with legal counsel rearrange the order of consideration of the constitutional amendments so that the will of the House could be made more clear with less confusion.

SPEAKER CHARNOCK: Is there a second to that?

. . . The motion was variously seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that legal counsel and the chairman of Reference Committee No. 3 have a conference and all of those in favor will signify by saying "aye" and contrary "no."

. . . The motion was put to a vote and it was passed. . . .

DR. CRAIG: Mr. Speaker: I want to thank Dr. Magoon for his consideration but we have already had a conference and decided to do it this way. I asked the Speaker and legal counsel if there was any reason for presenting them in the order they were presented and they agreed there was not, so we thought we would consider number 4 first and then number 1 and then number 2 and then number 5 which has nothing to do with the others.

SPEAKER CHARNOCK: The Chair rules that the chairman of the Reference Committee may take them up as he desires.

DR. CRAIG: We haven't very much time. We have to take them in some order and I was just trying to consider whether number 3 should go ahead of number 4 which would obviate that number in event number 4 is passed and we will have some Councilors-at-Large anyway. If number 4 is lost, why, half your problem is gone and then we can go back to number 3 and we will still have them so we will come out the same way anyway.

SPEAKER CHARNOCK: Let's take up number 4.

DR. CRAIG: Resolved, that Article III, Part B, Sec-

tion 9 of the Constitution be amended to read as follows:

"The Council shall consist of:

"(a) Eleven District Councilors elected from the Councilor Districts specified in this Constitution;

"(b) The President, President-Elect, and Speaker. In addition the Secretary-Treasurer and Editor, but without the right to vote.

"Anything in the Constitution and By-Laws which is in conflict with the foregoing is hereby repealed."

The Chair will tell you that that requires a two-thirds vote. The committee recommends that this amendment do not pass. I move the adoption of this section of our report.

SPEAKER CHARNOCK: Is there a second?

DR. E. T. REMMEN (Los Angeles County): I will second it.

SPEAKER CHARNOCK: It is open for discussion on amendment number 4.

DR. REMMEN: I would like to say that the constitutional amendment number 4 was submitted by me last year as an outgrowth of deliberations of the first committee and to some extent the second committee which worked on the new Constitution. The points involved here are definitely controversial and since it was feared that their inclusion last year, when the Constitution was proposed for adoption, might prevent action which would be necessary, these items were withdrawn with the understanding that they would be offered this year for consideration.

I have no personal feeling in particular one way or another. I think it is a matter of fundamental parliamentary procedure which should be perhaps considered for a little while anyway. It was the intention of the committee which made the first draft of the proposed revision of the Constitution to attempt to establish as far as possible a bicameral or a two-house control of government of the State Medical Association. It was the feeling that there had been, probably over the past fifty years of the California Medical Association's existence a pretty strong tendency to play follow the leader. Perhaps that isn't necessary. Perhaps the House of Delegates can be expected to form its own opinions. If that is the case, the procedure under which we have long operated should not be changed.

It was the feeling of the committee, however, that when you gathered together a large number of practicing physicians from the grass roots who have not been in close touch with all the high-powered salesmen and all of the propaganda to which medical society officials are exposed that sometimes the sound, extensive judgment of this group of men who are actually practicing medicine may be very sound and that it may be a counter-check to the sometimes too enthusiastic advocacy of certain procedures by officers and Councilors of the Association.

I think if we look back far enough and consider things like the Dodd survey and the Foote, Cone and Belding survey, which was the cause of compulsory health insurance, our adoption of C.P.S. in the form

in which it was, are very heavy and extensive expenditures for public relations which may or may not have backfired upon you, that almost any of those things might have been handled more wisely had the House of Delegates been permitted to go into session alone and free from influence and prejudice of the officers to consider these things.

In order to do this the committee originally felt that it would be advisable to remove the Council from the House of Delegates and let the Council deliberate by itself and let the House of Delegates deliberate by itself and, although the Council could always send messages, you would ultimately be separating the deliberative bodies and separate them all except one state of union. That has been found the most successful and probably the soundest procedure. You should put the House of Delegates on its own. It could ask for advice. It could invite representatives of the Council and the officers to come in and it could ask for legal counsel but it would make its decisions alone, just as the boys from the home towns do. It would consider what the Council recommended but it would not be subject to a lot of oratory and a lot of salesmanship as has been the case in the past.

Now then, if one eliminates the Council from the House of Delegates it has accomplished the reason for eliminating Councilors-at-Large which was simply that under that setup it was proposed to make the House of Delegates effective in proportion to the population as a house of representatives and to make the senate or the Council elected geographically. The District Councilors are elected geographically and your House of Delegates then would be entirely in proportion to the population. If you put in the Councilors-at-Large then the House of Delegates is in the position that we consider the assembly is in as, after having been elected by the people, then they elect their own bunch. It makes for horse trading, for jockeying, for bitterness and for hard feelings and, as the Councilors-at-Large pass from one year to another, it tends to favor the big cities.

As I say, this is basic parliamentary procedure. If you feel that the House of Delegates is capable of transacting business without being addressed by officials of the Association and know what to do, and if you feel that the House of Delegates is not competent to do this and they require direction, then all of the Councilors should be left back in as they are in the House of Delegates.

I might while I am up here, because I don't want to speak again, speak about the second constitutional amendment which was introduced by myself. It says:

"The House of Delegates shall consist of:

"(a) Delegates elected by the members of the component societies as provided by the By-Laws;

"(b) Officers of the Association as designated in Article VI, Section 1 of this Constitution. Excepting the Secretary-Treasurer and the Editor, they shall have the right to vote."

That would eliminate District Councilors from the House and also Past Presidents. There is ample argument, by the way, on the matter of Past Presi-

dents. It can be argued that Past Presidents contribute much in wisdom and experience and to this extent they are helpful. Other organizations feel that Past Presidents may perpetuate old feuds, that they may exert undue influence upon a number of delegates; so do as you like, as it isn't personal with me. It is purely a presentation of the point of view that was held by a good many of the committeemen who worked on the matter. Thank you.

... The question was called for. ...

SPEAKER CHARNOCK: Thank you, Dr. Remmen.

Is there any further discussion or are you ready for the question? Dr. Askey.

DR. ASKEY: The question before the House as I understand it is the adoption of this report of the committee—is it?

SPEAKER CHARNOCK: Correct.

DR. ASKEY: That is not exactly correct because these are amendments to the Constitution and is not the question on the adoption or rejection of the amendment rather than this report, sir?

SPEAKER CHARNOCK: Your point is well taken, Dr. Askey. Are you ready to vote?

The Chair will rule that an affirmative vote is for the amendment and a negative vote is against the amendment and a two-thirds vote will prevail.

Those who are in favor of the amendment designated as number 4 will please stand and then those who are opposed will please stand.

... A standing vote was taken on the amendment. ...

SPEAKER CHARNOCK: The amendment is lost.

At this time we will proceed to our broadcast.

Just before we do that, I should like to report that Dr. Robert A. Peers, Past President, has come into the House. Dr. Peers, please stand. (Applause.)

Before we go into our broadcast I have another nice duty and that is to present to this House of Delegates three members of the Junior A.M.A. organization and their medical schools:

Mr. Gene Wisley from the University of Southern California. (Applause.)

Mr. Frederick Sobeck from the University of California at San Francisco. (Applause.)

Mr. George Hurwitz from the University of California at San Francisco. (Applause.)

We are very happy to have these gentlemen with us now.

I will now turn the meeting over to Ned Burman.

MR. NED BURMAN: Thank you, Mr. Speaker.

Members of the House of Delegates: Once again it is our very pleasant duty to present a broadcast the length and breadth of California, bringing the people the remarks of the incoming President of the California Medical Association. Before we actually launch on the program I would like to explain once again what we have done in the past. It will be very helpful if you applaud in the proper places, at the beginning of the program and at the conclusion and kindly hold your applause during the actual presentation of the address for the sake of our timing as it will prevent any hitch. Please hold the

applause until the very last comment and we will give you the cue when to come on loud and then your crescendo of applause and we will break it down that way. The broadcast will be heard on the Mutual Don Lee network over twenty stations. You will hear it in Los Angeles over Station KHJ at 7:30. Now, we are about ready to cut the tape. Are we all set? We will open the program with applause. So I will give you the cue and then fade you down.

Good evening, ladies and gentlemen. We greet you from the Biltmore Hotel in Los Angeles where the California Medical Association is gathered for its 81st Annual Session. This special event broadcast is coming to you from a meeting of the House of Delegates of the C.M.A. The physicians assembled here are the governing body of organized medicine in California. The delegates represent their professional fellows throughout the 58 counties of this great state.

Now, the Speaker of the House of Delegates, Dr. Donald A. Charnock of Los Angeles, will introduce the new President of the California Medical Association. Dr. Charnock.

SPEAKER CHARNOCK: Members of the House of Delegates, ladies and gentlemen of the radio audience: It is now my honor and privilege to introduce to you the new President of the California Medical Association, Dr. Lewis A. Alesen of Los Angeles. Dr. Alesen! (Applause.)

(Dr. Alesen's speech was printed in the June issue of CALIFORNIA MEDICINE on pages 367 to 369)

MR. BURMAN: So concludes this special broadcast from the 81st Annual Session of the California Medical Association. You have heard the inaugural address of the incoming president of the C.M.A., Dr. L. A. Alesen of Los Angeles. He was introduced by the Speaker of the House of Delegates, Dr. Donald A. Charnock, of Los Angeles. This is Ned Burman, speaking from the Biltmore Hotel in Los Angeles. (Applause.)

SPEAKER CHARNOCK: Thank you, Dr. Alesen and thank you, Mr. Burman. It is hard to go back to business after hearing a stirring address like that.

I am going to ask Dr. Craig to resume considerations of the amendments.

REPORT OF REFERENCE COMMITTEE No. 3 (Continued)

DR. LYLE G. CRAIG (chairman): The next amendment which is number 3 on page two of the committee's report, is that which eliminated the Councilors-at-Large and also the machinery by which the House challenges or may challenge elective district councilors. The arguments which the committee found against it are printed on the page and it is not necessary to repeat them here. The committee also recommends that this amendment do not pass.

Mr. Speaker, I move the adoption of this part of the committee's report, or do we vote on the amendment?

SPEAKER CHARNOCK: We are voting on the amendment.

... The motion was seconded. ...

SPEAKER CHARNOCK: Is there any discussion on that amendment?

... The question was called for. . . .

SPEAKER CHARNOCK: Those who are in favor of this amendment will please stand. (Standing vote.)

The amendment is lost. You will proceed.

DR. CRAIG: The next constitutional amendment is on number 1. Number 1, I believe we said, we would vote on next because it has to do with the Council while number 2 has to do with the House of Delegates so we will present constitutional amendment number 1 which is the first one printed on page one of your report. That merely asks that the Vice-Speaker be a member of the Council.

We recommend that this amendment do pass.

... The motion was duly seconded. . . .

SPEAKER CHARNOCK: Is there any discussion?

If not, those in favor of passing this amendment will signify by saying "aye" and to the contrary, "no."

... A vote was taken on the amendment and the motion was carried. . . .

SPEAKER CHARNOCK: The amendment is passed.

DR. CRAIG: The next constitutional amendment, number 2, has to do with the composition of the House of Delegates. It is printed on page one and the feelings of the committee are also printed there. We feel that the House of Delegates should have the advantage of the consultation and experience of the Council and Past Presidents. We therefore recommend that this amendment do not pass.

Mr. Speaker, I move the adoption of this amendment.

... The motion was seconded. . . .

SPEAKER CHARNOCK: Is there any discussion on this amendment number 2?

... The question was called for. . . .

SPEAKER CHARNOCK: Those in favor of passing this amendment will signify by saying "aye" and those to the contrary "no."

... A vote was taken on the amendment. . . .

SPEAKER CHARNOCK: The "nos" have it and the amendment is lost.

Will you proceed?

DR. CRAIG: The final constitutional amendment, number 5 on page three of our committee's report, I think is very clear to all of us as to just what it does. The capitalized portion of the amendment is the insert into it and it restricts the Council in its expenditure to not more than 25 per cent of the budget without permission of the House of Delegates. We felt that there was a controversy on this. We discussed it to some length but finally decided as reported in the report. The committee therefore recommends that this amendment do pass.

... The motion was seconded. . . .

SPEAKER CHARNOCK: Is there any discussion?

DR. STANLEY TRUMAN: I have been on the budget committee for several years. I am chairman of the reference committee that is going to consider the budget this year and it seems to me that we are in

session here as the California Medical Association. When we are not in session the Council is the California Medical Association. It seems to me without any great feeling one way or the other that it would be unwise to handicap the Council in passing the amendment. I would like personally to hear an expression of opinion by some member of the Council with regard to the advisability of this amendment before I vote upon it.

SPEAKER CHARNOCK: Mr. Chairman, will you report?

DR. SIDNEY J. SHIPMAN: I would like to thank you, on behalf of the Council, for your recent vote which I take to be an expression of confidence to the Council. I must say that the members of the Council have worked hard and they have worked in representing the C.M.A. and they have done a good job. If you pass this amendment I think it would not handicap the Council in any particular degree except in the event of an emergency. In the event of an emergency it is quite likely that we could call the House of Delegates into session as we have done on occasions in the past. However, because it would limit the Council in its action representing the House of Delegates when the House of Delegates is not in session, I personally am going to vote against the amendment.

SPEAKER CHARNOCK: Is there any other discussion on this amendment?

DR. MAGOON: I would like to discuss a technical point that has no bearing on the merit of the amendment and that is the wording. I would like to have the wording corrected without vitiating the meaning of this resolution. The use of the word "regular" applies to the session at which the budget is adopted. The word "regular" applies to both the annual and the interim session and, of course, the word should be at that point "annual" and with counsel's permission I think that should be corrected.

MR. HASSARD: I believe the correction could be made as it doesn't change the sense of the amendment at all; in fact, it would only conform to the terminology as to the remainder of the constitution.

SPEAKER CHARNOCK: I will accept that change if the House concurs. You evidently do and, as it reads now, you will vote upon the amendment and if those in favor of the amendment will please stand.

... A standing vote was taken on the amendment. . . .

SPEAKER CHARNOCK: Now those opposed will please stand.

... A standing vote of those opposed was taken. . . .

SPEAKER CHARNOCK: The amendment is lost.

Will the chairman of Reference Committee No. 3 proceed.

DR. CRAIG: I might say the reference committee does not feel greatly disturbed at your refusal to accept our recommendation because it was quite controversial and we didn't quite know how to recommend.

We proceed now to the resolutions which were presented at the December session.

Resolution number 1 was in regard to Madera County and the matter of the Madera County Medical Society was acted upon at that time.

Resolution number 2, printed on page four of the report, was that which attempted to clarify a situation regarding the interim session. Our feeling on that is so completely expressed in the report that we need hardly go further except to say that the substitute resolution which is also printed in the report is at so great a variance and so much more inclusive than the resolutions that are presented to you that the legal counsel, Mr. Hassard, has felt that it should be presented to you as a new resolution. It will be presented today for reference to a committee in order that you may vote on it at the Tuesday meeting. Therefore, since we are not accepting this or are not presenting ours exactly as a substitute on his advice, the committee feels that we should recommend a do not pass on the resolution now before you on the amendments.

Mr. Speaker, I so move.

SPEAKER CHARNOCK: Is there a second?

... The motion was seconded. ...

SPEAKER CHARNOCK: Does anyone wish to discuss this?

All of those who are in favor of the report of the Reference Committee which will kill this resolution will signify by saying "aye" and those opposed "no."

... The motion was put to a vote and it was carried unanimously. ...

SPEAKER CHARNOCK: It is not passed and will you proceed. The amendment is not passed and the motion is carried.

DR. CRAIG: Arguments in favor of the new resolution have been presented in the report but they will be deferred for action on Tuesday evening.

Resolution number 3 introduced by Dr. Shipman had to do with the wording of Chapter V, Section 2 and, as was explained to the House of Delegates at the December meeting, it doesn't mean anything. It was also so explained in the Journal and so no action was needed. I believe that if Dr. Shipman does not care to withdraw this and if it has to go to vote we move a do not pass because it doesn't do anything.

SPEAKER CHARNOCK: The Chair will rule that we do not need to vote on it seeing that the matter is already covered. If there is no appeal, we will proceed.

DR. CRAIG: Resolution number 4 was introduced by Dr. Lambertson and it had to do with a recommendation of this House of Delegates as to the administrative members of the California Physicians' Service. The reaction of the committee is well presented in the report; as a matter of fact, it merely advises us to recommend our sitting in another capacity and the purpose of the resolution would seem to us was already met by calling it to our attention. The situation should be clarified somewhat and we would recommend that the resolution do not pass.

Mr. Speaker, I move the adoption of this section of the report.

... The motion was seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. If you vote "yes" you will defeat this resolution. Those who are in favor of this section of the report will signify by saying "aye" and to the contrary "no."

... The motion was put to a vote and the motion was carried. ...

SPEAKER CHARNOCK: You may proceed as the resolution is lost.

DR. CRAIG: Resolution number 5 introduced by Dr. Gibbons of San Francisco County has to do with classification of health insurance plans, both public and private, throughout the state. Our feeling is the same as it was last year when almost exactly the same resolution was introduced by Dr. Parker and rejected by the House. We have expressed our opinion and last year Mr. Hassard expressed his, which was that it would not be desirable and we have not changed that opinion. The committee recommends that this resolution do not pass. I would like to say that we are completely in sympathy with the idea as somewhere the people of California need to find out just what they are buying when they buy health insurance but we don't believe this is a desirable method of classification. I move the adoption of this section of the report.

... The motion was seconded. ...

DR. BURT DAVIS (Santa Clara County): May this resolution be amended at this time or are these resolutions fixed by this report?

SPEAKER CHARNOCK: I will rule that they may be amended at this time.

DR. DAVIS: I do feel that this resolution and the resolution offered last May have a great deal of merit. I think that possibly the objection to this resolution as it has been presented is that it is too all-inclusive, too detailed and it would be rather cumbersome to set up. I should like to move amending the resolution to eliminate paragraph 6 and paragraph 8 and paragraph 9 and then also move to change the phraseology in paragraph 7 to, "*Resolved*: That approval may be granted to these forms of health insurance policies, et cetera," and by inserting, "and be it further *Resolved*: That the Council shall formulate such rules required and qualifications as may be required for implementation of this program."

My opinion in the amendment is that all industries seem to be very jealous of the seals of approval that are given by Good Housekeeping and various organizations and we don't have to require insurance companies to bring their policies forward for inspection but if we set up a set of qualifications and say, "Now, if you want to, you can bring your policy in if it meets the qualifications that we have set up," and then we will say that it is a good policy. If we do that, at first some of them may be a little timid but competition is pretty keen among the insurance companies and when they realize the value

of having a seal of merit, then I think that we will find that it won't be at all difficult for us to promote this plan. As far as grading them is concerned, we are not grading them. We are merely saying, "If you jump over the hurdles, it is yours," so that if any insurance company brings forth any argument that they will become classified C when they should be classified A and so forth and so on, we can look into the situation.

Mr. Chairman, I should like to move these amendments.

SPEAKER CHARNOCK: Is there a second to this?

. . . The motion was seconded. . . .

SPEAKER CHARNOCK: We will refer this to Reference Committee No. 3 and Dr. Davis, if you will confer with Reference Committee No. 3, they will take this up and they are to report back at the end of the recess, if possible, and, at this time with the approval of the House, we will declare a recess until 1:30 this afternoon.

. . . The House of Delegates recessed at 12:00 noon, to reconvene at 1:30 p.m.

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SUNDAY AFTERNOON SESSION APRIL 27, 1952

The Sunday afternoon session of the House of Delegates was called to order at 1:45 p.m. by the Speaker of the House, Dr. Charnock.

SPEAKER CHARNOCK: Will the House please be in order.

We have several announcements to make.

. . . Announcements by the Speaker. . . .

SPEAKER CHARNOCK: At this time, with your permission, we will hear the report of the C.P.S. Study Committee. Dr. Wilbur Bailey, chairman, will make his report at this time. Dr. Bailey.

REPORT OF C.P.S. STUDY COMMITTEE

DR. WILBUR BAILEY (chairman): I plan to make a few remarks about the background of the committee and its work on our present interim report. As you will recollect, Dr. DeWitt Burnham was the chairman of a Committee of Eight to look into California Physicians' Service fees, while I am the chairman of this Committee of Fifteen. It is my understanding that these committees are generally known as the "Burnham and Bailey" committees, and there is no doubt about there being a circus when all fifteen members had a different opinion on the same subject, and yet withal, after we spent some fourteen hundred doctor hours, exclusive of travel time, we have come to a remarkable unanimity of opinion on the problems before us.

Incidentally, we also spent for expert advice less than three-tenths of the total sum which this House appropriated at its last meeting.

The report which you will hear was written by three different individuals with so many drafts on the final product that we all lost count. This committee has attempted to find answers, not merely by collecting the opinions of its members, but by calling witnesses who could give specialized knowledge

on the subject. How do plans go in Michigan, Massachusetts, New York and Illinois? The chairman and some members have visited these localities.

How do the California Physicians' Service policies compare with plans in other states? Mr. Joseph Linder, a partner of Wolfe, Corcoran and Linder of New York, consulting actuaries, accountants, and auditors for Blue Shield and Blue Cross in many other states, made a study for us.

The Michigan Medical Service, a plan similar to California Physicians' Service, covers two million members in a state which has a population of five million. To tell us why the doctors like it, and how even though the plan once paid less than a hundred cents on the dollar, all doctors who took less have now been paid in full, Dr. Robert L. Novy, the medical head, and Jay Ketchum, his executive secretary, appeared before the committee.

DIRECT ACTION NEEDED NOW

Although the committee has spent many a long week-end in discussion, there are numerous points in which there is not yet complete agreement. It is a vast job for doctors to learn the intricacies of the insurance business. However, California Physicians' Service has lost about 25 per cent of its subscribers in the past year; it is engaged in a bitter conflict with Blue Cross in the Southern California area; some believe it should be abandoned altogether; and we have all been bathed by undesirable publicity as a result of the so-called "chiseling" by a handful of doctors. The iron is literally hot. Under such conditions philosophical speculation as to cause and effect may be interesting, but what we need is direct action, and now.

I am a little bit reminded of the young husband, an expectant father, who took his wife to the maternity ward of the hospital. Just as he finally left her he said, "Darling, do you think we really want to go through with this?"

Furthermore, this House meets but rarely, and, therefore it is our duty to submit as many concrete proposals as possible to the Delegates. Too many times this House has met, had resolutions introduced on the subject of California Physicians' Service, seen them go to a reference committee, and then adjourned without seeming actually to have come to grips with the real problem. The doctors, as we find from our psychological study, react to this process by a feeling of frustration which gets greater every year.

DANGER OF VESTED INTERESTS

We are continually being assured that all medical care problems would be solved if we would just allow the government experts to take over. Fortunately we have refused to yield our birthright. If we have made mistakes, and we have, we do not, as in England, have to appeal to a government bureau. We have so far escaped the great curse of plans in foreign countries—the politically-appointed government health insurance job holders, who are often actually more numerous than the doctors. Security in their jobs soon becomes much more important to these appointees than does the welfare of patients.

We must be honest, however, in admitting that we ourselves have not entirely escaped the influence of the vested interest. We would be remiss in our duty if we did not call attention to the bitter conflict which has recently broken out between Blue Shield and Blue Cross in Southern California. Medical services and hospital services are complementary to each other, are natural allies, and almost everywhere share joint offices. About a year ago the Council of the California Medical Association was notified in a perfunctory manner that a division between Blue Shield and Blue Cross had taken place in Southern California. Neither the Council nor the House of Delegates has until recently heard details. Now a full-scale conflict is raging, with Blue Cross stating, "Join our plan and be indemnified for doctors' services. We have sold 250,000 policies in a year and a half, while California Physicians' Service sold only 650,000 in thirteen years"; and California Physicians' Service writing letters in a similar vein saying, "Use our medical service plan. We sell hospital coverage also," as it tries to capture the 200,000 members still remaining in the "joint" account; it is high time for us to take stock of the situation.

Does such a schism mean "better care for the patient"? No. The patients are confused, bewildered, and naturally mistrustful of the whole affair. Do the doctors want it? No. For practical purposes they were not consulted. We spoke a moment ago of empire building—the great curse of government employees. The larger the staff controlled by a civil servant, the greater his responsibility, his authority, and his pay. It appears to the committee that a handful—nay, even half a handful—of individuals were responsible for the break between California Physicians' Service and Blue Cross, and all the needless and expensive confusion and reduplication of offices and effort it entails. We believe every effort should be made to repair this tragic schism, for it is absolutely contrary to the welfare of patient and doctor.

Suggestions have been made that doctors should not be in the insurance business. If we abandon California Physicians' Service, could insurance companies be relied upon to carry the load, light or heavy? Los Angeles doctors had an example last December of what insurance companies do when policies do not produce profit to their liking. About half the members of the county medical society had placed sickness disability insurance on their employees with private carriers as a gesture of support to private enterprise. A slight increase in benefits was made by the government, which became effective last fall. As a result, and because medical assistants used such coverage freely, the doctors of Los Angeles County were notified a week before last Christmas by the private carriers that this type of insurance would be canceled as of January first, and the state could take over. A fourteen-day ultimatum with no alternative!

Others beside commercial carriers are competing to cover the medical care field. Blue Cross, founded

by physicians, although it originally agreed to stay solely in the hospital care field, soon added such phases of medical care as laboratory, x-ray, anesthetics, and so forth, as a sales inducement. Blue Cross now covers the entire field of doctors' services with indemnity contracts in Southern California.

Permanente and similar plans in which the patient does not have free choice of physicians would, if California Physicians' Service were abandoned, undoubtedly take over many members. The Permanente Foundation is now building a \$3 million, 225-bed hospital in San Francisco, and another in Los Angeles, to be part of their present system of clinics and hospitals. The following figures on their membership give an idea of the rapidity of growth:

April 1949	80,000
1950	121,000
1951	170,000
1952	215,000

It is well to consider who else might be interested in medical care before we lightly discard what we already have. C.P.S. is an opening tool on the same big order which is now being promised by the government, complete medical care for everyone in the low income group. As time is fleeting, it is becoming readily apparent that medical care insurance, like fire insurance, has to conform to certain definite rules. It has to follow the simple rules of insurance and the illness of the patient must be beyond the control of the patient and under such circumstances the amount of risk can be calculated from an actuarial standpoint. There must be no incentive to get your money's worth. The number of actual emergencies can be calculated from past experience and the amount of diagnostic procedure judged necessary by doctor or patient is incalculable. Lastly, any type of insurance must pay out less than it takes in.

These are the five basic policies of C.P.S. plus innumerable variations, all of which are violating at least one of these simple basic rules. It is simply not possible, for example, to expect an insurance plan to cover a visit from a doctor every time grandma has a twinge of rheumatism and feels lonely. However, C.P.S. has no monopoly on such problems and, in the present attempt to cover all of these points, one large commercial carrier lost \$1,200,000 last year which represents 16 per cent of this sort of coverage.

Blue Cross has raised its rate eight times since August 1950, to a total amount of 34 per cent, including last week. One came along then and I didn't put it in because I didn't know the percentage but I am told today it is a 20 per cent raise across the board.

To some of us the committee's progress has seemed exasperatingly slow. To others it has seemed dangerous to proceed at a more rapid pace with our decisions. We are in unanimous agreement that the problem is vast and that the better the doctors understand it, the more charitable they become in their outlook. Actually, of course, in this last statement is much of the meat of the coconut, for unless all doctors learn more about the vicissitudes, pitfalls, and

problems faced by medical care plans, their cooperation cannot be expected.

Patients, too, cooperate when they understand the problem. As you will hear, the innumerable varieties of policies are at the present time completely confusing to both doctor and patient. It is to be hoped that by means of simple diagrams on California Physicians' Service cards of identification, a patient can be shown what particular type of insurance he is carrying. A patient who can see by means of diagrammatic comparison, for example, that his particular policy covers less, and likewise costs less than other fuller types of coverage, is likely to be more satisfied than one who has assumed everything was covered until his illness proved differently.

Now that you have heard some of the background, by way of dividing the load I shall ask Dr. Leslie Magoon to read the formal report. He, incidentally, has been of particular help in combining the amino acids which we all created into the final protein—and its wrapper.

I want to call your attention particularly to the fact that by even touching on subjects, the committee has opened the avenue for amendments or changes by this House. If anyone believes, for example, that the committee should have advocated a more definite plan for indemnity insurance, or should have been more specific about ceilings, recommendations can be made in the reference committee and the proposition put before the House, so that the final report will be appropriately amended.

Dr. Magoon, will you please continue with the formal portion of our report.

DR. LESLIE B. MAGOON: Mr. Speaker and members of the House: This is the formal report of the California Medical Association Study Committee on California Physicians' Service presented to the Council and now presented to you in accordance with the instructions of the Council.

PREFACE

It has become more and more obvious in the twelve years since California Physicians' Service was organized that its operations have resulted in dissatisfaction on the part of many of its physician members, and even in open enmity on the part of others. This discontent had, last year, finally grown to the point where it became apparent that a determined effort must be made to discover to what factors it was due, and whether or not any of them were correctible.

The method by which this House chose to make this effort was by requesting the Council to appoint a special committee to study the whole problem. The resolution follows:

"Resolved, That the Council of the California Medical Association be urgently requested to appoint a representative committee to ascertain the expectations of the medical profession of California in regard to California Physicians' Service in the whole field of voluntary prepared medicine."

This report is an interim, progress report of that study.

Your committee accepted this resolution as a

broad directive for a searching investigation of fundamentals. It propounded to itself what it believed were the basic questions concerning not only California Physicians' Service, but health insurance as a new element concerned with the economies of medicine. Intelligent and dependable answers could be based only on valid and accurate data. Even so, many of the solutions must, in the final analysis, be matters of opinion, but at least that opinion should be the opinion of experts rather than of uninformed amateurs.

The first phase of the study, therefore, became a series of inquisitions of witnesses representing every element concerned in health insurance—actuaries, businessmen, legislators, labor leaders and representatives of Blue Cross and Blue Shield plans, including our own.

These included, from C.P.S., Ransom Cook, K. L. Hamman, Dr. T. Eric Reynolds, Dr. Donald Cass, Mr. William Bowman. Others were Dr. Robert L. Novy and Mr. Jay Ketchum of Michigan Medical Service; the Honorable Samuel Collins, speaker of the Assembly; George Johns, secretary of the San Francisco Labor Council; J. Philo Nelson, executive director, and Dr. H. Gordon MacLean, president of Hospital Service of California; Dr. William Bender, Mr. Howard Hassard and many others.

Consultants retained by the committee were Joseph Linder and S. Fenichel of Wolfe, Corcoran and Linder, New York, actuaries, accountants and auditors for Blue Cross and Blue Shield plans throughout the nation, and Ernest Dichter, Ph.D., New York, psychological consultant in advertising and marketing. Reports of these consultants are available for review.

Our executive secretary was Rollen Waterson.

An immense amount of valuable material was accumulated—so much that its evaluation and codification became a real task. The accumulated data, and this report, have been organized on a basis that is consistent with the medical man's approach to a problem, and to his way of thinking—that of first making a diagnosis, and then attempting treatment. The parallel can be carried further: Our study has progressed to the point where we believe a fairly complete and accurate diagnosis can be made. The diagnosis is multiple. For some factors we are prepared to recommend treatment. For others our recommendations are not yet formulated. For still others we are forced to say that for the present palliation is the best that can reasonably be offered. For still others there cannot be even palliation, for they arise from conditions inherent in the changing economies of modern medical care with which we shall have to learn to live.

DIAGNOSIS

Our first, most easily made, and most obvious diagnosis is that there is confusion in the minds of the medical profession as to the objectives of C.P.S. And, upon this problem of objective rests the answer of the fundamental question of whether or not C.P.S. should continue to exist. We in the California Medical Association must accept the responsibility

for having failed to plot the course which C.P.S. should take, and with a confused pilot, the best ship will go aground. The medical profession must first decide what role it wants C.P.S. to play, and then must state in terms of crystal clearness what it is. With C.P.S. given an assignment about which there can be no confusion, we shall then better be able to evaluate the adequacy with which C.P.S. accomplishes its mission.

Physician discontent is properly a symptom to the extent that it is only a derivative of other factors, of which lack of a clear objective is an example. But it is part of our diagnosis, too, because to perhaps a greater extent it is an expression of objection to necessary rules and regulations, to impatience with failure of C.P.S. to develop more rapidly a mature plan, and a lack of realization of the immense complexities involved in attempting to apply the insurance principle to a personal service (as your committee found out).

One item that your committee has not included in its diagnosis is inadequate financial return to the physician. Your committee believes that if various suggestions, some offered now and others which we beg to keep under still further consideration, can be adopted, and, that if the fee schedule be consistent with the income level of beneficiaries to whom it applies, physicians' objections on this score will become minimal.

In addition to these problems of major magnitude, a number of lesser problems which are, to some extent, subordinate both in importance and in necessary sequence of their consideration, round out our diagnostic study. Among them are:

1. Multiplicity of contracts. At the present time, C.P.S. has in force a variety of modifications of its basic contracts. We believe the multiplicity of contracts is one of the correctible sources of irritation to the doctor and of misunderstanding of coverage on the part of the patient.

2. Method of payment. We believe that a fiscal system which does not give to the patient some tangible evidence of the return to him resulting from his foresight and acumen in purchasing health insurance, denies his desire for independence and keeps from him knowledge of what C.P.S. has done for him. It is only by creating a feeling on the part of both doctor and patient that C.P.S. is the agent of each and master of neither that a solid footing for mutual trust and respect can be maintained.

3. Defective liaison between C.P.S. and C.M.A. We believe that C.P.S. has not been accorded its rightful position within the family of medicine; it has been a stepchild of organized medicine, which approaches state and county medical societies with hat in trembling hand, poised for instant retreat. It has been forced to conduct its own disciplinary actions, but is afraid to do so. Functioning, effective local committees of doctors in C.P.S.'s behalf are rare. Singleness of purpose and consistency of policy and action between C.P.S. on the one hand and state and county medical associations on the other must be accomplished.

4. Imperfect communication. C.P.S. is an efficient organization, as efficient as the smoothly running machines which write its checks. And it has tended too much to become just like those machines in the coldness and impersonality of its contacts with physicians and patients. For example, one out of four claims submitted by the doctor is returned with printed reasons for rejection neatly checked. The doctor had taken time to prepare, sign and file the claim; C.P.S. communicates its rejection with a printed form which lacks human courtesy and consideration.

5. Ambulatory medical care. Insurance is at its best when it distributes, at a low cost ratio, shock losses which individual participants would find it difficult, if not impossible, to meet. Conversely, insurance is at its worst when it assists in budgeting, at a high cost ratio, small losses which individual participants would not find it difficult to meet. By these standards, home and office coverage obviously is bad insurance. It is costly, it invites abuse, it is expensive to administer, and it multiplies the number of opportunities for petty friction between C.P.S., patients and doctors. C.P.S., with its twelve years' experience, has served one of its purposes well in demonstrating this for all to see.

6. Blue Cross-Blue Shield relations. Medical services and hospital services are complementary to each other, and can most economically be sold and administered together. The schism in California between Blue Cross and C.P.S., by violating this principle, has resulted in increased costs and in unprofitable competition between two organizations that, in the public mind, are identified with medicine. It seems to your committee that from a public relations standpoint, there may develop on the part of the uninformed public a "plague on both your houses" feeling that may have important political implications.

TREATMENT

As has been already said, your committee is reasonably certain of the accuracy and completeness of its diagnosis. So far as treatment is concerned, our recommendations must be classified under three general headings:

1. Those principles of organization and methods of operation of C.P.S. which must be maintained and continued with no, or at most minor, change.

2. Those which your committee is ready to recommend be modified, or subjected to major revision.

3. Those which your committee is presently still studying, and upon which we are not yet ready to recommend.

First, what in C.P.S. is good or necessary, and must be preserved? At the top of this list must come its very existence. We are fully convinced that, for the good of medicine and the people of our state, C.P.S. must continue to exist because:

1. A prepayment method of the costs of serious illness is a modern social necessity.

2. Either we lead in the development of sound health insurance, or we give way to those who will—and that means they will lead us.

3. He who controls the payment of medical care costs controls medicine—whether that be the state, the commercial insurance companies, the hospitals, industry, labor or doctors themselves.

From these premises can be drawn a realistic statement of what should be the objectives of California Physicians' Service. Your committee is profoundly convinced that the interests of medicine and of the public we serve demand that C.P.S. fulfill the following purposes:

1. To provide a method of insuring against the costs of catastrophically expensive illness for those whose need for it is real—remembering that the measure of a catastrophically expensive illness is a relative scale whose length varies with the economic status of the patient.

2. To keep the medical care of our patients free from political or commercial domination.

3. To continue to provide a "laboratory" under medical control for further exploration in the still fluid field of prepayment medicine.

4. To represent the profession in negotiations with organized groups, governmental or private.

From these objectives, in turn, our further recommendations may be drawn.

Service-type coverage must continue to be the foundation of C.P.S. operations. We have given earnest consideration to proposals that C.P.S. be converted entirely to an indemnity plan. But we hold the conviction, based both on disinterested advice from sources we consider competent and on our own considered judgment, that it would be a mistake to abandon the service principle. It is the service type of plan which is needed by at least the low-income group and even, in the case of serious illness, by those of so-called moderate income. Our findings emphasize that C.P.S., with its service character, fulfills a real need and therefore has been effective in presenting medicine's reasons for opposing the socialization of medicine.

Another condition with which we must learn to live—the interposition of a third party between the doctor and his patient. Additional paper work, the need for certain irksome restrictions to control over-use, all hamper the doctor's complete freedom but it must be perfectly obvious that they are inevitable. At the same time, these restrictions can be minimized by contract provisions which do not invite abuse, the paper work can be reduced to the irreducible minimum, and the tone and courtesy of contact between C.P.S., doctor and patient can be immeasurably improved. Both doctor and patient can be made to feel that C.P.S. is personally interested in them, so that the third party becomes more of a colleague and collaborator than a meddler and policeman. Experts inform us that this can be achieved—how is a matter for consultation, which we recommend.

A fee schedule is a basic part of a service-type contract. It is also, of course, the factor intruding to the greatest degree on the freedom of the physician. But, since it is basic to the plan of operation under which we are agreed C.P.S. should continue to function, it becomes a factor that we must persuade ourselves to accept with good grace.

That an income ceiling is a necessity for a service plan your committee believes can be accepted without debate. The level at which that ceiling should be set is a factor upon which we are not ready to recommend. It should be pointed out that the practical applicability of an income ceiling becomes greatest at both ends of the scale: In other words, if it be so low as to cover only the semi-indigent, or so high as to cover almost everyone. An income ceiling that splits the average income group in the middle can lead only to friction, misunderstanding, abuse and resentment.

Under our second heading, those principles of organization and methods of operation of C.P.S. which your committee is ready to recommend be modified, we submit some specific suggestions for change, and some generalizations whose implementation seems to us to be possible of accomplishment.

1. Multiplicity of contracts. We recommend that the contract structure be simplified as rapidly as possible, and that demands for minor modifications of contracts to meet desires of groups be resisted.

2. Method of payment. We recommend that, with technical assistance, C.P.S. devise some method of making known to each patient the value and the extent of the services rendered him by his doctor for which C.P.S. is paying the doctor on his account.

3. Defective liaison between C.P.S. and C.M.A. We recommend that the by-laws of California Physicians' Service be amended so that the voting members of the Executive Committee of the California Medical Association will ex officio be members of the Board of Trustees of California Physicians' Service. We further recommend that each county medical society maintain a committee to function as an internal self-disciplining agency available to C.P.S., the members of the county society, and to the public generally for mediation and, if necessary, action in instances of abuse. This committee should also serve to provide liaison between C.P.S. and the county medical society.

4. Imperfect communication. We recommend reviewing all the procedures of contact with doctors—perhaps with the help of some special expert in this field—in order to make these contacts more understanding and more friendly.

5. Blue Cross-Blue Shield relations. We recommend that the Council of the California Medical Association undertake to negotiate with the boards of directors of the Blue Cross plans and the California Hospital Association in an effort to achieve the cooperation between Blue Shield and Blue Cross that is necessary to the best interests of the patient.

Our third group of problems are those for which your committee is not yet prepared to recommend.

They are those knotty problems whose elucidation requires deep study, and whose answers may have far-reaching effects on both C.P.S. and medicine. We should like to have answers for them today, but there has just not been enough time for your committee to be able yet to say to itself, let alone to you, that we have found the best solution. We reemphasize our opening statement that this is a progress report.

First of these is the level of the income ceiling. That level will depend upon the income group for whom service-type coverage is believed necessary, but, more fundamentally, upon the very objectives of C.P.S. The practicability of a dual income ceiling is under consideration, as are the problems that devolve from the fact that the service contract becomes an indemnity contract for above-ceiling beneficiaries. A good service plan can become a poor indemnity plan, and your committee is exploring the difficulties of making a single contract serve both purposes. We ask for more time to think.

Next, the level of the fee schedule. The difficulties of constructing a fee schedule fairly applicable to all areas of our state and to every type of medical practice are too obvious to require belaboring. Further, the general level of the fee schedule will be, to some extent, a function of the income ceiling and of the economic status of the beneficiaries to whom it is intended to apply. The measure of the success of any schedule will be its acceptability as compromise with theoretical perfection; we feel that a reasonable compromise can be achieved, and it is toward that goal your committee is working.

We have indicated in our diagnosis that home and office coverage is bad insurance. But the obvious solution, to abandon it, has been opposed by our advisers as being unwise. Some method of gradual limitation, preferably by conversion to an actuarially sound and beneficiary acceptable substitute, must be devised. Your committee has considered as possible solutions the application of the cash deduction principle, the conversion of this type of coverage to an indemnity basis, or the application of co-insurance. To borrow a phrase from the military, the situation is still fluid.

A subhead under home and office care in that it represents the same type of problem is the degree to which diagnostic services (laboratory and x-ray costs) can be covered by insurance. The experience of all insurers with these costs has been bad. How these costs can be handled to eliminate overuse and abuse and at the same time give some measure of protection against the occasionally heavy cost of these services to a patient is being approached by considering the same devices as those that may be applicable to home and office coverage. We are not yet prepared to recommend.

There are other problems upon which further study is necessary. We list them so that you will know they are being considered.

1. The desirability and possibility of eliminating the 90-day chronic illness clause.

2. The pros and cons of limiting C.P.S. payments to C.P.S. physician members.

3. Some method of making physician membership a privilege and a valued asset rather than a duty reluctantly performed.

4. The possibility of improving C.P.S. operations by major or minor modifications of C.P.S. office practice and procedures.

5. The devising of a method for informing and convincing the general public that their real needs which prepayment insurance can reasonably be expected to fill are not the same as their wants, which health insurance cannot economically meet, is under study.

The study of some of these problems is well along, and of others barely begun. Their solutions are of such fundamental importance that they cannot be formulated to meet a deadline. We urge most strongly that this study be continued until these answers are found, whether the time required be another week or another year. Only thus will solidly dependable results have a chance for achievement, and only results of that kind can be acceptable.

Hindsight brings us the most accurate of all knowledge. When C.P.S. was founded, its Board of Trustees was of course unequipped with hindsight in the form of actuarial information, experience in framing prepaid medical care plans, in the reactions of doctors and patients to the new field of prepaid medicine; they were unequipped with knowledge of the actual wants and needs of people which voluntary health insurance could reasonably fulfill.

This committee has had the inestimable advantage of thirteen years of this hindsight; of pioneering experience achieved by Boards of Trustees groping for solutions to complex, sometimes insoluble problems; of pioneering experience achieved by men who had the courage to be wrong.

It also had the advantage of working apart from the atmosphere of interference, complaint, and heckling which has plagued nearly every hour of the life of every member of the Board of Trustees since the beginning of C.P.S.

The light this hindsight sheds on C.P.S. should not blind the doctors of California to the very real day-to-day achievements of the Board of Trustees. We have made a critical analysis. We have outlined not their accomplishments, but our mutual failings. The fact that it is we, and not a state bureau, who today are deciding the direction in which health insurance will go in California, is a measure of the foresight, courage, and work of our Boards of Trustees, the administration and loyal employees of C.P.S.

This is a great debt we owe them. (Applause.)

SPEAKER CHARNOCK: Dr. Bailey, have you any further comments to make?

This will be referred to Reference Committee No. 1 so you all may discuss it. At some time during today's session it will be necessary to recess this House to become the Administrative Members of the

California Physicians' Service. This seems to be an excellent time. With the permission of the House we will recess, to become the Administrative Members of the California Physicians' Service. I call your attention to the fact that the first General Meeting of the California Medical Association will be held in the Biltmore Theatre at 3:00 o'clock. The Biltmore Theatre is just around the corner on Fifth Street. We will recess the House of Delegates until 7:30 this evening and, with your permission, I will now turn this meeting over to Dr. Cass.

... The House of Delegates recessed at 2:30 p.m., to reconvene at 7:30 p.m. ...

SUNDAY EVENING SESSION APRIL 27, 1952

The House of Delegates of the California Medical Association was called to order at 7:50 p.m. by the Speaker of the House, Dr. Charnock.

SPEAKER CHARNOCK: I will declare the House in session from its recess.

We neglected to ask the Treasurer if he had any further report. For technical reasons we will now ask the Treasurer if he has any further report to make.

DR. DANIELS: No further report.

SPEAKER CHARNOCK: We will now take up further the report of Reference Committee No. 3 that was interrupted. Dr. Craig!

REPORT OF REFERENCE COMMITTEE No. 3 (Continued)

DR. LYLE G. CRAIG (chairman): Mr. Speaker and members of the House of Delegates: At the time our consideration of this report was interrupted we were considering resolution number 5. Dr. Davis from Santa Clara County had presented an amendment to the resolution which was referred to our committee. We met with Dr. Davis and other parties and have brought up a substitute resolution which I should like to read to the House. Is Dr. Davis in the House?

DR. DAVIS: Present.

SPEAKER CHARNOCK: Did you get your amendment in time so it can be read?

DR. DAVIS: I was unable to do so but in view of the conclusions the committee reached, I presume that I will withdraw the amendment to the resolution that I offered.

DR. CRAIG: I should like to say that the resolution substituted for resolution number 5 originally introduced by Dr. Gibbons of San Francisco County and the amended resolution presented by Dr. Davis of Santa Clara County, who introduced the amendment in question, reads:

"WHEREAS, Free choice of physician maintains a normal state of individual and private enterprise for both patient and physician; and

"WHEREAS, Competition on the basis of individual physicians involved in any free choice system offers the greatest stimulus for proficiency; and

"WHEREAS, The medical profession has accepted and is sponsoring the right of people to use voluntary insurance or other voluntary collective methods to defray the cost of medical care; therefore, be it

"Resolved, That the Council of the California Medical Association be instructed by the House of Delegates to appoint a special committee to institute a study of voluntary health policies and plans with the view to establishing minimum standards and improving such coverage for the benefit of the profession and the public."

This is the end of the substitute resolution.

Mr. Speaker, we wish to recommend that the resolution as substituted do pass. I therefore move the adoption of this section of the report.

... The motion was variously seconded. ...

SPEAKER CHARNOCK: Is there any discussion?

DR. RALPH TEALL (Sacramento County): This is something that has been very close to my heart for many years. I have had occasion to address this body before on the idea that we as doctors and the California Medical Association are not primarily interested in being in the insurance business. We are primarily interested in seeing to it that there is a very high standard of insurance available on a voluntary basis for the people of California. The function of the California Medical Association, as many of us see it, is to insure that that kind of medical insurance is available and that it be the very best kind and that the standards be always held high.

We have heard excellent reports from the finance committee and then we have heard reports about our difficulties with C.P.S. but we are still tending to be blinded by the idea that the doctor should provide good insurance or it is not available at all. I should like to take this opportunity to urge that we take this very important step in setting up a committee which can have the prime responsibility of investigating all kinds of voluntary health insurance with a view to the fact that the California Medical Association may ultimately allow its seal of approval on contracts which seem to serve best the interest of the patient and the physician. It is only by the development of a great system of voluntary insurance, not by one type, that we can ultimately hope to defeat the continuing threat of governmental compulsory insurance. (Applause.)

SPEAKER CHARNOCK: Thank you, Dr. Teall.

Is there any more discussion on this subject of the resolution? Are you ready for the question?

... The question was called for. ...

SPEAKER CHARNOCK: All those in favor of accepting this portion of the report will signify by saying "aye" and those opposed "no."

... The motion was put to a vote and it was carried. ...

SPEAKER CHARNOCK: It is passed unanimously.

DR. CRAIG: The next resolution is number 6, introduced by Dr. Gibbons of San Francisco County. I suppose you have the copy and the comments in the written report. We have no change to make in

our recommendation and I think it is clear to all of you that we objected to a too enthusiastic enforcement of indemnity insurance in view of the fact that we are still sponsoring the California Physicians' Service with the service type of insurance and, even more important, we objected to placing the responsibility for arbitration of disputes between the insurer and the beneficiary in the hands of the medical profession. It is unfortunate that in making out the report I wrote on page 8 the following sentence in the original resolution which was deleted and then left you hanging. It should have a sentence which was filled in in the original resolution but which has been deleted. That is number 5 in the original resolution which is concerning the arbitration of disputes.

The committee recommends that this resolution as amended do pass. Mr. Speaker, I move the adoption of this section of the report.

... The motion was seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion?

DR. THOMAS F. DOZIER (Alameda-Contra Costa County): I proposed the amendment to the resolution as recommended by the reference committee. The purpose of this resolution is twofold: first, to endorse sound voluntary, indemnity type, prepaid medical and surgical expense insurance and, second, to help prevent the abuses of this type of insurance. The reference committee recommended passage of this resolution with two changes, the second of which is to strike out the final sentence, number 4, and which would eliminate any statement of the active assistance that this Association proposes to take in its prevention and remedy of such abuses. The reference committee's objections to sentence 4 in the original resolution are entirely valid. I propose, however, an amendment to this sentence which would meet these valid objections and would advance the purposes of the original resolution. It would proclaim the appropriate and legitimate cooperation of the organized medical profession. This is the amendment I propose which would be substituted for the original number 4:

"4. To advise them that any grievances regarding possible abuses in these indemnifying policies involving unethical or unprofessional conduct by members of the California Medical Association should be referred to the local medical society professional conduct committees for advice and appropriate action."

SPEAKER CHARNOCK: Is there a second to this amendment?

... The amendment was seconded. ...

SPEAKER CHARNOCK: Dr. Craig, do you wish to speak to this amendment at all?

DR. CRAIG: I would like to have it read again.

... The amendment was reread. ...

DR. CRAIG: Well, I can see no objection to that if you want the local medical profession or society to investigate grievances involving unethical or ques-

tionable conduct. Dr. Halley, you are on this committee and do you have any objection to that?

DR. E. C. HALLEY: No objection.

DR. CRAIG: I should think that the committee, having recommended the resolution do pass, does not object to that clause in it because I think that is a legitimate function of the professional conduct committee of the local medical society. Our idea was that we didn't want the professional conduct committees to clutter up their committee with complaints that people have regarding the insurance companies not paying them enough. This is a problem between the patient and the insurance company and you are only going to adjudicate problems involving unprofessional or unethical conduct. I think that is the proper function of the professional conduct committee and I think we would favor that.

... The question was called for. ...

SPEAKER CHARNOCK: You are voting upon the amendment to this section of the report and those in favor of the amendment will signify by saying "aye" and those opposed "no."

... The motion was put to a vote and it was carried unanimously. ...

SPEAKER CHARNOCK: It is carried. We will now vote upon the section as amended. Those who are in favor of this section of the report as amended will signify by saying "aye" and those opposed "no."

... A vote on that section of the report as amended was taken and it was passed. ...

SPEAKER CHARNOCK: It is passed. Dr. Craig.

DR. CRAIG: Resolution number 7 was introduced by Dr. Campbell of San Francisco County and had to do with the creation of a standing committee to study the cost of the program and the problem of the aging. Dr. Campbell realized, after it was introduced, that the By-Laws wouldn't permit the formation of such a standing committee and he decided to change it to a special committee. Inasmuch as this is the action which the reference committee has taken, we feel that his feeling and ours were in agreement on that and we recommend that the resolution do pass. Mr. Chairman, I move the adoption of this section of the report.

... The motion was seconded. ...

SPEAKER CHARNOCK: Is there any discussion?

It has been moved and seconded that this section of the report be passed and those in favor will say "aye" and those to the contrary "no."

... The motion was put to a vote and it was carried. ...

SPEAKER CHARNOCK: It is passed.

DR. CRAIG: Resolution number 8 was introduced by Dr. Magoon of Santa Clara County. It is before you in your printed copy. The committee discussed this at some length and we realized that there was a problem that does need consideration but we felt that there were several objections to the resolution and we expressed them in our report which you have and can read. Therefore, there is no reason for enlarging on them further. The committee recommends

this resolution do not pass. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER CHARNOCK: Is there a second?

... The motion was seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion?

DR. SYDNEY THOMAS (Santa Clara County): I think if any of you give due consideration to the "whereases" that you will reconsider this whole resolution. Perhaps some of the words, as the committee states, are intemperate; nevertheless they do carry a message and we should all listen and, if I may just take your time to read the first sentence or the first "whereas":

"WHEREAS. Hospitals are showing increasing eagerness and determination to appear to the public as dispensers of medical as well as hospital care;" and that alone was the aim of this resolution. Perhaps the wording could be changed or modified but, as it stands, it still would point in the right direction. I think that the committee's recommendation "do not pass" is wrong.

SPEAKER CHARNOCK: Is there any further discussion? The Chair, hearing none, will call the question. You realize that in voting on this in the affirmative, that vote will kill this resolution. That is the recommendation of the reference committee. Those in favor of this section of the report of the reference committee will signify by saying "aye" and to the contrary "no."

... A vote was taken on the motion. ...

SPEAKER CHARNOCK: It is passed.

... A standing vote was called for. ...

SPEAKER CHARNOCK: A standing vote has been called for. Those in favor of this section of the report will please stand.

... A standing vote. ...

SPEAKER CHARNOCK: Thank you, gentlemen, and now those opposed will please stand.

... Those opposed stood. ...

SPEAKER CHARNOCK: The motion is carried. The resolution is lost.

DR. CRAIG: Resolution number 9, introduced by Dr. Carson of San Francisco County, has to do with the restrictions by the Blue Cross on diagnostic service in the treatment of acute illnesses while hospitalized.

We approved the general principle of the resolution and you will note, as we have capitalized in our amendment, that we would not only suggest the Blue Cross clarify their policy but that when diagnostic procedures are essential in the treatment of disease they provide adequate coverage for all such diagnostic procedures as stated therein. With this recommendation, the committee recommends that the resolution do pass. Mr. Speaker, I move the adoption of this section of the report.

SPEAKER CHARNOCK: Is there a second?

... The motion was seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report be passed. Is there any discussion?

Dr. Blong.

DR. PETER J. BLONG (Los Angeles County): This afternoon Dr. Bailey likened the Blue Cross, of which I am on the Board of Directors, to a clan that is in Scotch costume, so I will say that as far as I am concerned, I would be very glad to hand in my kilt and tartan and take you across the channel to Ireland and perhaps take a little more mellow or more humorous view of the situation. However, I would first call your attention to the opening phrase of the recommendation of reference committee No. 3, "We feel that it is wrong for the insurer to pretend to furnish payment for treatment of sick patients in the hospital and deny coverage for essential steps in that treatment on the specious claim that the procedure is only diagnostic." The word "pretend" is too all-inclusive and gives rise to trouble there. We didn't like that very much. Now, we thought the wording there was rather stout and strong. Perhaps that is all right. Anyhow, we thought that it would stand a little early clarification.

We put our seal on the Blue Cross indemnity contracts. These contracts state that the hospital admission will be accepted only for illness and injury, whereas in illness of such severity that medical care is required, all facilities including diagnostic facilities are provided according to the terms of the contract. Patients who are accepted under an insurance contract would ordinarily be handled as outpatients and quite generally at the doctor's office or the laboratory. Our regular hospital contract contains an exclusion against that type of an insurer for two reasons; first, that it is not an acute illness and, secondly, that inclusion would invariably increase our rate and divert to hospitals many patients who should properly be handled in doctors' offices. I think that is a very important point. I need not tell you about diagnostic procedures in hospitals which are overdone. I don't think this evening we should do that but I can tell you about General Hawley's article which you have all read at different times.

Accident cases requiring hospitalization are likewise diagnostic care. They are given twenty-four hours as out-patient coverage where it is determined whether they will be sick and put in bed in a hospital. Now we come to the part of the denials because that is the very hard nut to crack in all of this business, both for us and our brother workers. Denials up to that time, up to the time of our separation in August of 1951, and we are speaking of C.P.S. there, as there may be some considerable confusion in the mind of the medical profession believing that all denials have been Blue Cross policies, but it seems to be one of the popular things for the public to name us all Blue Cross and you don't use C.P.S. as you do Blue Cross but we take the glory, while in fact we believe the vast majority of these denials were under the C.P.S. I am not going to burden you with statistics but I am going to give you two. In one month's experience the Blue Cross,

out of 9,000 cases, had 51 denials. In six months' experience with Blue Cross there were 327 denials out of 57,000 cases. Gentlemen, I didn't put that in percentage because percentages sometimes are misleading, but you can see the percentage is very small.

Now to widen out our prospective field, eighteen months ago we did try to sell the whole package in a formal full coverage. It hasn't gone too well. Eighteen months ago it was optional to provide for ambulatory care at the doctor's office with certain limitations. This caused much of the difficulty and confusion now existing but at the same time Blue Cross found this same thing difficult to sell. It is a peculiar thing. Perhaps they are bucking a better competition than C.P.S. I hope so but it wasn't much of a surcharge. It was only about \$1.50 a family, \$1.25 for females and \$1.80 for males and it didn't go well at all.

When they had this thing after the, we say the "split," the separation, we had to make out our own form of contract and we adapted our contract from the one in Oakland. They had a very good insurance experience for about seven or eight years so ours wasn't entirely a new thing. We hope that by making mistakes we may be able to amend those mistakes; however, I think a little clarification of their very strong language is in order.

SPEAKER CHARNOCK: Dr. Gibbons.

DR. GIBBONS: It is my belief that the resolution was originally made out of certain nondiscerning diagnostic examinations of patients who really needed care when they entered the hospital as medical cases. There I am in sympathy with the resolution as it was originally introduced. I do, however, believe that the additional amendment is worded a little strongly because there are many diagnostic procedures which are excessively expensive and should these be included as part of the coverage for Blue Cross? It may result in some danger. I therefore would like to amend this recommendation to omit the paragraph that was added and refer to the original resolution.

SPEAKER CHARNOCK: Is there a second to that?
... The amendment was seconded. ...

SPEAKER CHARNOCK: Is there any further discussion? Dr. Bailey!

DR. BAILEY: Well, as I attempted to point out in my report on C.P.S. and the Blue Cross, we went to the other states and, as I told you this afternoon, we reluctantly realized we were going to have to come to this group with facts.

In Illinois they recently eliminated x-rays entirely as far as Blue Cross was concerned. They took that out to the extent of \$15.00. In Kansas, unless you are in the hospital for four days, there are no x-rays or laboratory benefits. These are things that the doctors have taken care of by themselves for years and it isn't going to help to ask for it as the doctors will do it anyway.

In California, of course, I think we can set what the rule is. We told you this afternoon that it cost

34 per cent more, or that much of an increase in Blue Shield costs, since August of 1950. C.P.S. has gone up accordingly. The question is, do you want insurance or do you just want to cover everybody for everything they might feel is necessary? It is rather trying even to have a situation arise where a patient, if he once gets in the hospital, and the hospitals are already overcrowded, can get unlimited amounts of x-rays or laboratory work at an unlimited rate. That is what is happening in California now. I hope for that reason this doesn't pass.

SPEAKER CHARNOCK: Let us first work on this amendment by Dr. Gibbons. Is there any discussion on that? Are you ready for a vote on that? Those who are in favor of adding the amendment presented by Dr. Gibbons will signify by saying "aye" and to the contrary "no."

... A vote on the amendment was taken and it was carried. ...

SPEAKER CHARNOCK: The "ayes" have it—the Chair is in doubt. Those in favor of Dr. Gibbons' amendment, adding this to the report, will please stand.

... Those in favor stood. ...

SPEAKER CHARNOCK: Now, those who are opposed to the amendment will please stand.

... Those opposed stood. ...

SPEAKER CHARNOCK: The amendment has won. Have you anything to add to that, Dr. Craig?

DR. CRAIG: I don't think the committee has anything to add. I want to apologize to Dr. Blong and to the Blue Cross for the unfortunate use of the word "pretend." I didn't intend anything offensive by that. If you could suggest any other word I would be willing to replace it.

The resolution as it now stands, deleting the suggestion that we provide coverage for those diagnostic procedures essential to the treatment of the sick, and I would like to point out that this resolution has nothing to do with admitting patients into the hospital for diagnostic study or doing it at home, but for those people who are admitted as sick where these procedures might be necessary in their treatment; however, that is neither here nor there. What we have done by the amendment is merely recall for consideration the original resolution and you will now vote on the original resolution and with that understanding, the committee will still recommend that it do pass.

SPEAKER CHARNOCK: Is there any further discussion on the resolution as amended? Are you ready for the question?

... The question was called for. ...

SPEAKER CHARNOCK: Those who are in favor of the resolution as amended will signify by saying "aye" and to the contrary "no."

... A vote was taken on the motion. ...

SPEAKER CHARNOCK: The Chair is again in doubt. Those who are in favor of the resolution as amended will please stand.

... A standing vote was then taken. ...

SPEAKER CHARNOCK: Those who are opposed to this resolution as amended, and that is the original resolution, will please stand.

... A standing vote was then taken. ...

SPEAKER CHARNOCK: The resolution passes. Dr. Craig.

DR. CRAIG: The final resolution is Number 10 and that was one that was introduced as an emergency by Dr. Gibbons regarding publication of arguments for and against the resolutions introduced at the December session.

It was the feeling of the committee that we might consider making this a policy of the organization but Dr. Gibbons, who introduced the resolution, wrote me, as I have recorded here, and therefore we feel that there are certain practical difficulties and it is possibly not the right place to publish our various arguments in the journal. Probably our experience with our difficulties with California Physicians' Service in recent weeks has emphasized the fact that some things shouldn't be too widely disseminated in the public press. On that account we feel, that particularly in view of the fact that the author did not want it changed to become a permanent policy of the organization, we recommended that it do not pass.

SPEAKER CHARNOCK: Is there a second?

... The recommendation was seconded. ...

SPEAKER CHARNOCK: Is there any discussion? You realize that an affirmative vote will defeat this resolution. Are you ready for the question? Those who are in favor of this section of the report will signify by saying "aye" and those opposed "no."

... The motion was put to a vote. ...

SPEAKER CHARNOCK: The report is adopted and the resolution is not passed.

DR. CRAIG: The amendments to the By-Laws suggested in the committee's report will be introduced at the proper time as resolutions. I should like to say, however, that after consultation with Mr. Hassard, legal counsel, we have decided not to introduce the second resolution and we have made some changes in the first. If the major resolution which we are submitting in substitution for Dr. Loos' amendment is passed by this house, it requires a two-thirds majority and it will solve some of these technical sleeper problems but, if not passed, we will have to have some of these resolutions introduced at this time in order that they might be voted upon on Tuesday.

The one regarding Chapter V, Section 7, will not be introduced at all because we are going to introduce an amendment to the by-laws to correct that difficulty and the second resolution, the one concerning the designating of steps for proper introduction of resolutions and the designation of emergency resolutions, those two paragraphs I will read when it is introduced a little later.

I think that completes the report of the committee and I should like again to thank Dr. Halley of Fresno and Dr. Zumwalt of San Francisco for their cooperation and assistance in the consideration and formation of this report, also the indulgence of the

House for your kindly reception of the committee's report. (Applause.)

Mr. Speaker, I move the adoption of the report as a whole, as amended.

... The motion was seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this report, as amended, as a whole. Is there any discussion?

... There being no discussion, the motion was put to a vote and it was unanimously carried. ...

SPEAKER CHARNOCK: Mr. Secretary, is there any more old business?

There is no more old business and we will pass on to new business.

There is just one announcement that I would like to make before we go on to new business. There has been considerable confusion about the hour we would accept emergency resolutions. At your last meeting the Chair ruled it is our opinion that at the time they are received, if they are declared by the delegates as an emergency resolution, they will be declared as such. They will then be received and sent to the reference committee for processing and brought before the House at the Tuesday meeting. It will then require a two-thirds vote if it is designated as an emergency resolution.

I should like to remind reference committee No. 3 to be prepared to report on all resolutions presented this evening because legislation which comes up might very well make it necessary for them to report. I would also remind all the delegates who are interested in these resolutions to present their thoughts to the reference committee so that the reference committee may be in a position to report if the amendments which are to be presented tonight are approved.

... Vice-Speaker Randel assumed the Chair. ...

VICE-SPEAKER RANDEL: In the proceeding in the consideration of new business which now comes before the House, members are invited to introduce any and all resolutions and amendments to the constitution and the by-laws. The Chair recognizes Dr. Sidney Shipman.

DR. SIDNEY SHIPMAN: Mr. Speaker, and members of the House: These resolutions are introduced in behalf of the Council. The first one is an emergency resolution:

WHEREAS, It is in the public interest that the best medical care be generally available, and

WHEREAS, This objective would be furthered by eventual amalgamation of the medical and osteopathic professions in which future graduates and practitioners would have equal training of the highest scientific caliber; therefore, be it

Resolved, That the House of Delegates of the California Medical Association approve further attempts to accomplish such an eventual amalgamation under circumstances which would be acceptable to the Judicial Council and Board of Trustees of the American Medical Association and that these bodies be requested to recommend specific procedures for the accomplishment of these objectives. (Applause.)

The second has to do with retired members who retire and then change their minds:

Be It Resolved, That section 4, paragraph (a) of Chapter II of the by-laws be amended to read as follows:

"Section 4—Qualifications and Election of Other Classes of Membership.

"(a) Retired Members. The Council, on recommendation of any component society, may grant retired membership to those active members who have ceased the practice of medicine to the extent and for reasons satisfactory to such component society and the Council, who have been active members of the Association for a total of ten years prior thereto, and who have paid dues for the current or immediately preceding year. Retired membership shall endure as long as the retired member does not engage in full time practice of medicine; but in the event that a member classified as retired resumes active, full time practice of medicine such resumption shall automatically terminate retired membership and re-establish active membership. Upon resumption of full time practice by any retired member, the secretary of his component society shall transfer such member from the retired classification to the active classification, and notify the Secretary of this Association, who shall do likewise with respect to the membership rolls of this Association."

VICE-SPEAKER RANDEL: The Chair declares the first resolution of Dr. Shipman to be an emergency resolution. It will be referred to reference committee No. 3.

The second resolution will be referred to reference committee No. 4, and, please understand, there is no debate or discussion on these at this time. Dr. Craig.

DR. CRAIG: I should like to present this resolution for reference committee No. 3 and I would like to say that this is my swan song and this is the last time I shall appear here as chairman of the committee so you won't have to listen to me any more. This is a proposed amendment to the by-laws of the California Medical Association. This is the substitute which was printed in your report of the committee and I have only changed one word but I am told there is no provision for the resolution to be introduced by title only so it has to be read:

Resolved, That Chapter 5, Section 7, of the by-laws of the California Medical Association be amended to read as follows:

"Section 7.—Sessions and Meetings.

"(a) In each year there shall be one regular session of the House of Delegates, the time and place of such session to be fixed by the Council as far as possible in advance, and notice thereof published in the Journal of the Association. This session shall ordinarily be held within the first six months of the calendar year, and shall be designated the Annual Session.

"(b) In addition to the Annual Session, special sessions of the House of Delegates may be called by

a two-thirds vote of all the members of the Council at any regular or special meeting of the Council; or may be called by a written request signed by one-half or more of the members of the House of Delegates, stating the object of the session, and filed with the Secretary in the office of the Association. Upon receipt of such a call by the Secretary, the Council shall within thirty (30) days thereafter fix the time and place for such session, and shall cause written notice thereof, stating the purpose of the session, to be sent by United States mail to each member of the House of Delegates at his office or place of residence, as shown by the records in the Secretary's office, at least fifteen (15) days prior to the date of the meeting. At any such special session the House may consider and act upon all matters stated in the call, and may in addition recall from committee for action by the House any resolutions, by-law amendments, or other matters not excluded by the Constitution, which have been referred to a reference committee or special committee at a prior session. In this event, the House may waive the requirement of these by-laws that such committees shall have submitted a written report thirty (30) days in advance of the session.

"(c) Resolutions, or other new business, shall be introduced at the first meeting of any session, and shall be referred by the Speaker to the proper reference committee, which committee shall make a written report with recommendations to the House of Delegates at a subsequent meeting of the same session, held after an interval of not less than twenty-four (24) hours. Such committee report may be acted upon by the House either as a whole or by sections, and each section may either be given final action, returned to the reference committee for further study until the next regular or special session, or may be referred to a special committee, appointed by the Speaker, for such further consideration.

"(d) At every meeting of any session of the House of Delegates the Speaker shall designate a time at which any member may request the permission of the House to introduce an emergency resolution for immediate consideration. Such permission shall require a two-thirds affirmative vote of the members of the House present and voting. Such permission having been granted, the resolution must be acted upon during that session of the House, and the Speaker may if necessary, and at his discretion, waive the rule of referring the resolution to a committee. The passage of such emergency resolution shall require a two-thirds affirmative vote of all members present and voting, and the action shall be final."

If the amendment to this resolution is defeated it doesn't become a routine resolution because, if we were to put it in as an emergency and it got voted down, it would then be in the hopper for the next time.

We realize that this amendment which I have just read may not pass and, if it doesn't, we would like to have in the same section the paragraphs (c) and (d) which provide for the proper time for introduc-

tion of resolutions passed and since (c) and (d) of this resolution read exactly the same as the one I previously read, it will not be necessary to read them again, will it?

VICE-SPEAKER RANDEL: No.

DR. CRAIG: I think we can get along without reading them.

In order to correct a sleeper concerning the time for production of the budget and for fixing the annual dues, we have proposed the following two amendments to the constitution:

Resolved, That the Constitution of the California Medical Association be amended as follows:

That in Article IV, Section 1, the first sentence be amended by deleting the word "regular" and inserting in its stead the word "Annual," so that this first sentence shall read:

"At each Annual Session the House of Delegates shall by a majority vote, fix the annual dues to be paid by members of the Association for the ensuing year."

The remainder of Section 1 shall be unchanged.

The object of this amendment is to provide that even though the Association shall continue to have regular sessions, the fixing of annual dues shall be done only once a year which, obviously, is the way we want it.

The final resolution is another amendment to the constitution providing:

Resolved, That the Constitution of the California Medical Association be amended as follows:

That in Article IV, Section 5, the first sentence be amended by striking out the word "regular" and inserting in its stead the word "Annual," so that the first sentence shall read:

"At each Annual Session of the House of Delegates the Council shall submit to it an itemized budget stating the proposed expenditures of the Association for the ensuing year."

The remainder of the Section 5 shall be unchanged.

That is for the same purpose regarding the budget.

VICE-SPEAKER RANDEL: These proposed amendments to the by-laws and constitution will be referred to reference committee No. 4.

DR. JOSEPH W. TELFORD (San Diego County): I assume that this would be considered an emergency but the rules still confuse me.

By way of introduction, I would say that it has come to the attention of the San Diego delegation that there are many students in our local county hospitals, between 5,000 and 6,000 who graduated from medical schools this year in the United States and that there are between 11,000 and 12,000 approved internships:

WHEREAS, The number of internships and residencies now far exceeds the number of physicians available for these positions; and

WHEREAS, This situation is now creating a problem of adequate medical coverage in many hospitals; and

WHEREAS, The employment of physicians to cover services where interns and/or residents are not available is creating a policy which jeopardizes the training program; and

WHEREAS, Such an imbalance may very well lead to further governmental intervention in our physician training programs; and

WHEREAS, The number of residencies and internships available seems to be increased by the continuing demands of hospitals for larger staffs and the creation of additional vacancies by some hospitals that do not offer the fullest training; now, therefore, be it

Resolved, That this House of Delegates instruct the delegates to the A.M.A. to present a resolution for immediate restudy and reevaluation of the policy of establishing residencies and internships toward the purpose of correcting the gross imbalance between the large number of established residencies and internships and the small number of physicians available to fill them, and that this discrepancy be corrected as soon as possible.

VICE-SPEAKER RANDEL: Unless there is any objection, the Chair declares this an emergency resolution and it will be referred to reference committee No. 3.

DR. CARL M. HADLEY (San Bernardino County):

WHEREAS, The use of blood has reached a great importance in the practice of medicine and in the care of the sick; and

WHEREAS, Blood is being extensively used in the prevention of death, both in domestic life and in battle areas; and

WHEREAS, The collection and dispensing of this blood is a medical problem in all its aspects, and

WHEREAS, The collection and dispensing of this blood is being performed by the affiliated blood banks of the California Blood Bank Association; and

WHEREAS, The provision of blood for individuals with no financial or replacement obligation tends to undermine the self reliance and independence of the public; and

WHEREAS, Certain civilian blood procurement programs purport to provide blood for civilian individuals without such responsibility; and

WHEREAS, The magnitude of this program is such as to overtax the financial resources of any voluntarily supported agency, and will inevitably lead to the transfer of such a program to the government as another socialistic and paternalistic enterprise; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association go on record in recommending that the entire collection and dispensing of blood in California shall be under the direction and control of the California Blood Bank Commission. (Applause.)

VICE-SPEAKER RANDEL: That resolution will be referred to reference committee No. 3.

Dr. Gibbons.

DR. HENRY GIBBONS III (San Francisco County): These resolutions are presented on behalf of the San Francisco delegation and there is also an amendment to Chapter V, Section 3 of the by-laws of the California Medical Association:

Be it Resolved, That Chapter V, entitled House of Delegates, Section 3, entitled Limitations on Seating of Delegates, be, and the same is hereby amended to read as follows:

"Section 3.—Seating of Delegates, Alternates and Substitutes.

"Only duly elected delegates or their elected alternates may be seated at any session of the House of Delegates, except that the Secretary of the Association shall have the power, in the absence of the duly elected delegates or their alternates to appoint a substitute to act in the place and stead of said elected delegate or alternate, and which said substitute shall have the same voting rights and powers of the duly elected delegate or his alternate."

VICE-SPEAKER RANDEL: The amendment to the by-laws will be referred to Reference Committee No. 4.

DR. GIBBONS: This is a resolution on the grievance committee:

WHEREAS, The House of Delegates of the A.M.A. has adopted a resolution urging all constituent medical associations to form "grievance committees" to hear complaints from the public; and

WHEREAS, C.M.A. now has nineteen "grievance committees" in operation, offering the public a means for the arbitration of complaints concerning the 11,000 members of organized medicine; and

WHEREAS, There are an estimated 5,000 licensed physicians practicing in this state who are not members of organized medicine and therefore beyond its jurisdiction; and

WHEREAS, Unethical acts on the part of any doctor reflect on the medical profession as a whole, and it is essential that some method be devised whereby the public may be furnished with a means of arbitrating disputes between patients and non-member physicians; now, therefore, be it

Resolved, That C.M.A. undertake a study of ways and means to enable the public to register complaints against any physician licensed in this state and have controversies properly adjudicated, and be it further

Resolved, That if it can be demonstrated that the establishment of such a forum would be feasible and effective, that proper steps be taken to acquaint the public with its existence.

VICE-SPEAKER RANDEL: That will be referred to reference committee No. 3.

DR. GIBBONS: This is a resolution on falsification of C.P.S. fees:

WHEREAS, A number of doctors who accept C.P.S. cases are reported to have presented false claims for service; and

WHEREAS, These false claims are alleged to have cost the funds of C.P.S. about one million dollars during the last year; and

WHEREAS, This reported falsification reflects both on the management of C.P.S. and the integrity of the physicians involved; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association recommends that each component county medical society cooperate in helping to establish facts and in proceeding with suitable disciplinary measures against any of its members found guilty of such practices.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

DR. GIBBONS: This is a resolution on the Crippled Children's Act:

WHEREAS, The Crippled Children's Act was passed originally to secure the best restorative care for the needy handicapped and crippled children of California and did not define economic standards; and

WHEREAS, The medical profession accepted its share of the financial burden of this care by agreeing to a low fee schedule; and

WHEREAS, Cases seen under the auspices of this act have, due to frequently arbitrary action by the administrative personnel of the Crippled Children's Agency, included people who should be treated by a physician as private and not as quasi charity patients; and

WHEREAS, Some of the cases which are accepted by the agency are asked to reimburse it to the extent of their ability; and

WHEREAS, The type of conditions considered crippling are ever increasing; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association instruct the Council of C.M.A. to institute negotiations with the California State Department of Health with the view of eliminating the elastic economic and medical standards which may be used in the administration of this Act as well as with the aim of eliminating such other abusive practices as have rendered the Crippled Children's Act an entering wedge of socialized medicine in California; and be it further

Resolved, That such negotiations and consultations be of a periodic order, being initiated by the Council of C.M.A. at least every two years.

VICE-SPEAKER RANDEL: That resolution will be referred to reference committee No. 3.

DR. GIBBONS: This is a resolution on the Prepaid Medical Care Commission:

WHEREAS, California medicine has led the way in the matter of doctor controlled prepaid medical care and has thereby materially slowed the inroads of socialized medicine; and

WHEREAS, Any attempt on the part of organized medicine to adopt a uniform average fee schedule based on average fees would be fraught at this time with the danger of jeopardizing the success of such prepaid medical care plans; and

WHEREAS, Many committees, city, county and state, have been or are separately working on the many facets of the problem, such as studying indus-

trial fee schedules, studying C.P.S. fee schedules, negotiating with labor unions and many others; and

WHEREAS, It is of signal importance that all such efforts be coordinated and carried out on a statewide level; now, therefore, be it

Resolved, That a permanent Prepaid Medical Care Commission be and is hereby created whose function it shall be to study, keep records upon and recommend action to the C.M.A. and its component bodies on all types of prepaid medical care, including C.P.S., insurance company plans, industrial accident schedules, union labor plans, voluntary, compulsory, governmental and non-governmental plans.

It shall be the duty of the commission to employ, as necessary, special consultants in the field of insurance economics and statistics as required in the solution of problems in these fields.

The commission shall consist of nine members of the California Medical Association appointed by the president of the California Medical Association; and approved by the Council of the California Medical Association;

That of the nine members first so appointed, three shall serve one year, three shall serve two years and three shall serve three years and that vacancies as they occur by expiration of term of service or otherwise shall be filled by appointment by the President of the California Medical Association subject to the approval of the Council;

That three of the nine members of said Commission be designated by the President of the California Medical Association, respectively chairman, vice-chairman and secretary of the commission, and that the three members so appointed serve ex-officio as executive committee of the commission, whose function shall be to conduct the business of the commission in the interim between its meetings;

That said commission be and is hereby directed to report to and be guided by instructions of the House of Delegates of the California Medical Association in regular annual convention assembled and that in the interim between said conventions the commission be and is hereby directed to report to and receive instructions from the Council of the California Medical Association.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3. Dr. Davis of Santa Clara County.

DR. DAVIS (Santa Clara County): I would like to allay your apprehensions by saying that I only have three resolutions. The first I would like to designate as an emergency resolution:

WHEREAS, The 1951 House of Delegates of the California Medical Association at the May meeting approved a resolution recommending that California Physicians' Service assume the initiative in providing care for servicemen's dependents through a plan similar to that which was then in operation in conjunction with the Veterans Administration; and

WHEREAS, A similar resolution simultaneously introduced to the administrative members of Cali-

fornia Physicians' Service was given similar endorsement; and

WHEREAS, The American Medical Association has opposed any revival of the old E.M.I.C. plan; and

WHEREAS, Congressional hearings have shown great public interest and demand for the provision of care for servicemen's dependents; and

WHEREAS, It is obvious that there are only three methods whereby the Armed Forces can afford such care, namely

- (1) By physicians and surgeons in military service
- (2) by a plan similar to the unsatisfactory E.M.I.C. plan of World War II
- (3) by private physicians and surgeons through plans similar to the Veterans Care plan of California Physicians' Service; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association reaffirm its request to California Physicians' Service to take the initiative in such a program; and, be it further

Resolved, That California Physicians' Service be encouraged to negotiate such contracts as are necessary regardless of the action or inaction of the National Blue Shield Associations; and, be it further

Resolved, That time is of the essence and that this resolution be considered an emergency one in order that action may be taken now while the Congressional Committees are holding hearings on this subject; and, be it further

Resolved, That a copy of this resolution together with sufficient explanatory material in the form of a covering letter be sent to the Health Sub-Committee of the Senate Labor and Public Welfare Committee at the earliest possible moment.

VICE-SPEAKER RANDEL: Unless there is some objection, this resolution will be considered an emergency and, in compliance with the request of Dr. Davis, it will be referred to reference committee No. 3.

Dr. Ward.

DR. ROBERTSON WARD (San Francisco County): Am I incorrect in assuming that it takes a two-thirds vote of this House to make a resolution an emergency or is that the privilege of the Chair, to just declare it?

VICE-SPEAKER RANDEL: It does require a two-thirds vote of this House. If there is any objection, and if it is the desire of this House, we can proceed with the determination of whether this or any other resolution may or may not be considered an emergency.

DR. WARD: Is it the decision of the Chair as to whether it is an emergency or not, unless somebody objects?

VICE-SPEAKER RANDEL: Well, I will rule that the resolution is an emergency unless there is an objection.

DR. ASKEY: In previous years it was my understanding that the resolutions were referred to the committee for study and report to this House in regard to whether, in their opinion, it was an emergency, whereupon the House would vote as to whether it was emergency and then it would take a two-thirds vote to carry it. Am I incorrect in that, sir?

VICE-SPEAKER RANDEL: We would consider that interpretation as being correct, Dr. Askey. Therefore the Chair rules that this resolution and any other wherein a request is made to consider them an emergency will be referred to the reference committee in question and then when it is introduced or reported on, at that time the House may decide whether or not it is an emergency measure.

Will you proceed, Dr. Davis?

DR. DAVIS: The other two are not emergency resolutions unless so designated by the committee.

WHEREAS, The American Medical Association has expressed editorially in the *Journal* dated April 12, 1952, a desire for amendments to the income tax laws providing for tax postponements for monies set aside for pensions of persons engaged in private individual enterprise, including doctors of medicine; and

WHEREAS, The House of Delegates of the California Medical Association has expressed an interest in amortizing over an appropriate period the cost of all technical and professional training; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association request the American Medical Association to expand its program of tax reform to include the capitalization of the costs of technical and professional education for tax amortization over an appropriate period.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

DR. DAVIS:

WHEREAS, The 1951 House of Delegates of the California Medical Association at the May meeting passed a resolution concerning the financial contributions made to the Crippled Children's program by the local, state and federal governments; and

WHEREAS, This resolution called attention to the fact that less than 10 per cent of the funds are appropriated by the Federal Government; and

WHEREAS, The resolution took cognizance of the fact that, despite the small proportion of federal monies invested, the administrative policies are dictated by the administrators of the federal act; and

WHEREAS, The resolution advocated "if necessary that state and local governments conduct these programs themselves without federal assistance"; and

WHEREAS, This matter has come to the attention of the California State Legislature in its budgetary meeting in March, 1952; and

WHEREAS, This matter has been under consideration by the Interim Ways and Means Committee and

is also being considered by the Interim Public Health Committee at the present time; and

WHEREAS, These committees will report to the 1953 Legislature in January of that year offering such suggestions as they deem necessary and advisable; now, therefore, be it

Resolved, That the House of Delegates of the California Medical Association hereby reaffirms its stand taken in 1951 that the Crippled Children's Act, as largely financed by the state and local governments, is a state and local affair and should not be subject to the whims and fancies of federal administrators no matter how sincere; and, be it further

Resolved, That the House of Delegates of the California Medical Association instructs the secretary of the Association to express its appreciation to the respective committees of the California State Legislature which have recognized and are considering this problem, and offer any assistance within the power of the Association which these committees may request in order that this odious practice may be eliminated.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

Dr. Kirchner is recognized.

DR. ARTHUR A. KIRCHNER (Los Angeles County): Mr. Speaker, and members of the House of Delegates: I wish to offer an amendment to the by-laws relating to alternates and delegates, as follows:

Resolved, That Chapter V, Section 1, of the By-Laws of the California Medical Association be amended to read:

"Each component society shall elect the number of Delegates and Alternates to which the component society is entitled. At least sixty days prior to the next scheduled session the secretary of each component society shall forward to the secretary-treasurer of the Association, on forms provided by the Association, the names and addresses of these Delegates and Alternates, and shall certify thereon the term of service of each individual.

"Failure to conform to this provision may, at the discretion of the House, constitute grounds for disqualification of any delegation or individual."

And Be it Further Resolved, That Chapter V, Section 3 of the By-Laws be amended to read:

"Only duly elected Delegates or Alternates may be seated at any session of the House of Delegates."

VICE-SPEAKER RANDEL: This amendment to the by-laws will be referred to reference committee No. 4.

Dr. Bailey of Los Angeles.

DR. WILBUR BAILEY: Mr. Speaker, this is not an official resolution of our delegation of Los Angeles. The fact is it wasn't written by me but I think you will see, when I present it the loopholes in our present Medical Practice Act and perhaps we can begin to fill the loopholes:

WHEREAS, The Medical Practice Act, as set forth in the Business and Professions Code of California, provides that unprofessional conduct justifies sub-

jecting an offending licensee to disciplinary procedure; and

WHEREAS, In the code, acts and conduct constituting unprofessional conduct are specifically set forth and described; and

WHEREAS, There is thus no provision authorizing proceedings against licensees who may be guilty of immoral or reprehensible conduct not specifically defined or provided for; now, therefore, be it

Resolved, That it is the considered opinion of this body that the aforesaid Medical Practice Act should be amended by the incorporation therein, in Article 13, of Chapter 5 of Division 2, of the Business and Professions Code, of an additional section providing, in substance, that "Gross immorality constitutes unprofessional conduct"; and, be it further

Resolved, That a copy of this resolution be sent to each member of the Board of Medical Examiners of the State of California.

VICE-SPEAKER RANDEL: That will be referred to reference committee No. 3.

Dr. Carey.

DR. H. L. CAREY (Butte-Glenn County):

WHEREAS, Many small hospitals are to be built in the State of California within the next few years; and

WHEREAS, The small hospital is a unique enterprise unto itself, presenting many problems in design, construction and operation; and

WHEREAS, Adequate guidance is completely lacking either from the federal or state public health department; now, therefore, be it

Resolved, That a permanent file of each unit placed in operation within the past five years containing the complete history of the financing, construction, and operation, with recommendations for others in similar circumstances be kept by the C.M.A. Committee on Rural Health and that each new unit be requested to add their history to this file.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

The Chair recognizes Dr. Dozier of Sacramento.

DR. DAVE E. DOZIER (Sacramento County): This resolution amends the by-laws of the California Medical Association concerning dues:

WHEREAS, Necessary costs of operation have compelled national, state and county medical societies in many instances to raise annual dues to increasingly large figures, the total of which may amount to a considerable sum, and

WHEREAS, Many senior members of our society still in active but limited practice desire to retain regular membership in the California Medical Association rather than accept classification as retired members, and

WHEREAS, In a certain number of instances because of curtailed practice, and so forth, this works an undue financial hardship on these members, and

WHEREAS, As our constitution and by-laws are now written, there is at present no legal manner by

which either the Council of the C.M.A. or the House of Delegates can grant pecuniary relief to these older members who from time to time seek assistance; now, therefore, be it

Resolved, That the by-laws of the California Medical Association be amended as follows:

Chapter X—Funds, Assessments, et cetera.

Section 2—Dues.

A third sub-section be added to read as follows:

(c) Upon proper petition, the Council shall have the right to waive all dues and assessments to any member who is known to be an honorable member of the California Medical Association and who

1. Has paid dues to the California Medical Association for a period of 35 years or more, or who

2. Has passed the age of 72 and paid dues to the California Medical Association for the preceding twenty years, or who

3. Presents satisfactory certification that he or she is at least 75 per cent disabled in the current fiscal year.

Such petition shall be in each instance accompanied by a letter of approval or endorsement by the directors of the member's local county medical society.

VICE-SPEAKER RANDEL: This proposed amendment to the by-laws will be presented to reference committee No. 4.

Dr. McCarthy.

DR. J. B. MCCARTHY (Monterey County):

WHEREAS, Recent publicity has revealed astounding irregularities in California Physicians' Service among both its physician members and its executive officers; and

WHEREAS, Charges have been brought in the public press of criminal acts by the physician members and of criminal negligence by its executive officers; and

WHEREAS, As far as the public knows these charges have been substantiated and the acts condoned by the executives of C.P.S.; and

WHEREAS, These charges have brought great consternation and embarrassment to the vast majority of C.P.S. members and the upright, law abiding people of California; now, therefore, be it

Resolved, That the California Medical Association take immediate action to affirm or deny these charges; and, be it further

Resolved, That in those cases in which the charges are affirmed and sufficient legal evidence obtained, immediate prosecution of the offenders be instituted; and, be it further

Resolved, That the executives of C.P.S. responsible for the laxity in enforcement of the rules be summarily dismissed from their positions.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

DR. MCCARTHY:

WHEREAS, The recent publicity given to the alleged fraud scandal in California Physicians' Serv-

ice caused much adverse criticism of the medical profession as a whole with resulting unexplainable embarrassment to the members of C.M.A.; and

WHEREAS, It was first publicized that no further action would be taken by C.P.S.; and

WHEREAS, Prosecution should have preceded any release of information to the public; now, therefore, be it

Resolved, That the California Medical Association institute an immediate investigation of the C.P.S. executives responsible for the laxity in enforcement of the rules; and, be it further

Resolved, That such responsible executives be summarily dismissed.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

DR. MCCARTHY:

WHEREAS, The original intention of California Physicians' Service was to furnish nearly complete medical health insurance to low and low-medium income families in a single simple policy; and

WHEREAS, California Physicians' Service has expanded and become more complicated and now has such a number of policies that it causes confusion among the public, physician members and even the C.P.S. executives, and

WHEREAS, C.P.S. is now competing with numerous excellent private insurance companies who can and do furnish adequate medical coverage, especially to medium and high income families; now, therefore, be it

Resolved, That California Physicians' Service return to its original policy, namely to furnish adequate coverage to low and low-medium income families in a single, easily understood policy; and be it further

Resolved, That California Physicians' Service recall as rapidly as feasible all other contracts with individuals or groups of individuals; and be it further

Resolved, That an emergency be declared so that immediate action may be taken on this important matter.

VICE-SPEAKER RANDEL: That will go to reference committee No. 3.

DR. LEON P. FOX (Santa Clara County):

WHEREAS, The public relations program of the medical profession in California is of necessity the largest and most outstanding in the country; and

WHEREAS, Experience has shown that timing, immediate action and efficiency are imperative and best accomplished when the public relations department works independently of the administrative offices; and

WHEREAS, The present public relations department is somewhat hamstrung by the apparent lack of a far-reaching plan and by delay of action because of channeling through the C.M.A. administrative offices, and

WHEREAS, The C.M.A. is now a large organization requiring the full time executive secretary whose duties are multiplying yearly; now, therefore, be it

Resolved, That the House of Delegates of the C.M.A. designate the public relations department as a separate entity from the Executive Secretary's office; and be it further

Resolved, That the public relations department be under direct supervision of a director of public relations who shall be appointed by and answerable to the Council.

VICE-SPEAKER RANDEL: This resolution will be referred to reference committee No. 3.

DR. ALBERT G. MILLER (San Mateo County):

WHEREAS, The threat of socialization and nationalization is definitely with us; and

WHEREAS, It is urgent that we further emphasize our stand against such federal trends; now, therefore, be it

Resolved, That the California Medical Association instruct its delegates to the American Medical Association to sponsor a resolution at the A.M.A. House of Delegates' session condemning the type of autocracy exhibited in the recent seizure of the steel plants by the President of the United States.

VICE-SPEAKER RANDEL: That will be referred to reference committee No. 3.

Are there any other resolutions to be presented at this time? Apparently, no one has anything to present.

Before adjourning we should like to remind the personnel members of the various reference committees to come forward and introduce themselves to each other, particularly their chairmen.

. . . Announcements as to meetings of the reference committees. . . .

SPEAKER CHARNOCK: I wish to thank Dr. Craig for his work with reference committee No. 3.

Is there anything else to be presented at this time?

A DELEGATE: May I ask for clarification on one thing? Must these resolutions be introduced twenty-four hours ahead of time?

SPEAKER CHARNOCK: They have to be introduced twenty-four hours ahead of time. That is twenty-four hours before the meeting on Tuesday of the House. The chairman of the district delegation will then report at the second meeting of the House of Delegates the results of the election and when so reported the members elected will assume office as District Councilors subject to the House's approval. Does that clear that up?

Is there anything else to be brought before this meeting tonight? Are there any resolutions or anything? You have all been very patient with the interruptions that we have had and the inevitable delays. I will accept a motion to adjourn until 1:30 Tuesday.

. . . It was moved, seconded and carried that the meeting adjourn. . . .

. . . The meeting adjourned at 9:30 p.m. . . .

SECOND MEETING APRIL 29, 1952

The second meeting of the House of Delegates of the 81st Annual Session of the California Medical Association was held in the Music Room of the Biltmore Hotel, Los Angeles, California, Tuesday, April 29, 1952. The meeting was called to order at 1:30 p.m. by the Speaker of the House, Dr. Donald A. Charnock.

SPEAKER CHARNOCK: The second meeting will please be in order. We will have the supplemental report of the credentials committee by Dr. Foster.

DR. THOMAS N. FOSTER: Mr. Speaker, a quorum is present and seated, 137 members by the last counting of everybody here.

SPEAKER CHARNOCK: Thank you, Dr. Foster.

With the permission of the House, we will do as we did in the first session and eliminate the roll call, depending upon these signed cards for the roll call. Is there any objection from the House? Hearing none, the Chair will declare that the roll call has been completed by the signing of the cards. The heads of each delegation again will be responsible for the voting of their members.

I want to say right here that this new change with the elimination of the roll call is due to the suggestion of Dr. Foster, the chairman of the credentials committee, and to him is due the credit for saving us forty-five minutes.

We will next have the secretary's announcements of the council's selection of a place for the 1953 Annual Session.

SECRETARY ALBERT C. DANIELS: Mr. Speaker, the Council decided to meet at the Biltmore Hotel in Los Angeles, beginning Sunday, May 24, 1953.

SPEAKER CHARNOCK: Thank you, Dr. Daniels.

The next number on the agenda is the election of officers. The office of President-Elect is open, and nominations will now be received.

ELECTION OF OFFICERS

DR. RALPH TEALL (Sacramento): Members of the House of Delegates, about once every twenty years it becomes the privilege of the Sacramento County medical society which is the oldest medical society in the State of California, to contribute to the California Medical Association one of its members to serve as president of this group.

This year we felt it was time the California Medical Association had as its leader a representative of that portion of the Sacramento Valley which our newspapers are pleased to call with good reason "Superior California."

We sought diligently and faithfully among our membership for one who might have the best qualifications which we regard as important in the office of president of the California Medical Association. It was our feeling that the California Medical Association is in a difficult period of its growth. It is vigorous and active. It requires diligent, vigorous, active, aggressive leadership, and it requires as its president a man who can carry to every contact he

makes the feeling of aggressiveness for the interests of all.

As we looked around among our membership, we considered two or three people, and finally settled on one man who to our mind combined those attributes. We are 100 per cent for this guy for various reasons, and I'd like to tell you what some of those reasons are.

He graduated from Stanford. We really can't help that. That's a long time back and we'll have to forgive him for it. He was the president of the Sacramento Society for Medical Improvement and that is an error that some of the rest of us have made to our great sorrow. He has always been interested in Sacramento and the development of prepaid medical care plans, and was a member of the first board of directors of the first Blue Cross medical care plan in the United States, and had a number of years' experience as a member of the board of that organization. His interest in problems of medical care insurance has stemmed from that date.

When the California Physicians' Service was brought into being, he was among those of us who were not entirely sympathetic with its intrusions into Sacramento, but as the years went on, he became convinced as most of the men in this room have become convinced, that with its shortcomings and its difficulties, the future of voluntary health insurance was in large measure tied up with the life of the California Physicians' Service and that he therefore had no right nor reason to remain aloof from operations of that organization. Therefore, in spite of a great deal of local criticism in our own society, he accepted a position on the Board of Trustees of the California Physicians' Service, where he now sits and where he has rendered good yeoman service. For nine years he served as our District Councilor for the Council of the California Medical Association. I mention these things primarily because they indicate that he has some knowledge of the problems of organized medicine and the problems of the California Medical Association throughout the breadth of our state.

He is presently extremely active in the affairs of this organization. He is a member of five of the most active committees of the California Medical Association. As I have already indicated, he is a member of the Board of Trustees of C.P.S. and a member of the executive committee of that organization. In addition, he is a member of the Public Relations Committee, a member of the Industrial Accident Fee Schedule Committee, where I happened to sit with him and where we frequently disagreed, and he is a member of the Committee on the Board of Nurse Examiners, and chairman of the Committee on Medical Ethics, and a very active member of our Legislative Committee where he is very frequently called on because of the fact that he lives in Sacramento, to meet with all kinds of hearings and subcommittees of our Legislature, and where he is very highly regarded both by the members of our own Legislative Committee and by the members of the Legislature.

Because of his experience we know that he has the ability to conduct himself in this highest office of the California Medical Association. We do not believe that his experience entitles him to any reward at all, but we do feel that the California Medical Association, being fully aware of its need for active, aggressive leadership in the coming years, would find no better choice than the man from the land the Lord remembered, Frank MacDonald. (Applause.)

DR. LESLIE B. MAGOON (Santa Clara County): The California Medical Association has need for a man in a position of leadership who has the vision to see the problems, who has the intelligence to solve the problems, and who has the aggressive energy to implement the solution of those problems. On behalf of myself and on behalf of the delegation from Santa Clara County, it is my pleasure to second the nomination of Frank MacDonald. (Applause.)

DR. JUSTIN J. STEIN (Los Angeles County): I consider it a very distinct privilege to second the nomination of Frank MacDonald for the office of President-Elect of the California Medical Association. (Applause.)

DR. ROBERTSON WARD (San Francisco County): It also gives me great pleasure to second the nomination of Frank MacDonald for President-Elect.

SPEAKER CHARNOCK: Those seconds are not necessary. Are there any other seconds? Are there any other nominations for the office of President-Elect?

DR. GARNETT CHENEY (San Francisco County): I wish to place the name of John W. Green before this House for President-Elect of the California Medical Association, but before doing that formally, I wish to comment and emphasize some of the qualifications which Dr. Green possesses which in my mind justify his selection for the highest office that we can offer anyone in this state through our medical society.

Many of you have known Dr. Green through many years. Some of us have not been so well acquainted with him perhaps. Nevertheless, I will review and briefly, some of those qualifications which I believe make Dr. Green the logical and ideal and acceptable choice for this high position.

Dr. Green came out of the state of Indiana to Vallejo in 1921 by way of the Navy, World War I, and has been in practice in Vallejo for thirty years. I'd like to emphasize he has maintained a high standard of professional practice in his home town throughout all this period and has also had the time and energy to be a civic leader and has been a leader of many of the functions and activities of his town, which was a town when he came there from the Navy, and now I think we can call a city. Those of us that live near there certainly feel that way about it.

He has shown not only leadership in regard to the profession, but in his local community where he has maintained that leadership vigorously and energetically for a long period of time. He has been very active in this Association for a number of years. He has been in the House of Delegates for twelve years, a long period of service, making him thoroughly

familiar with the problems of our society. He has also served eleven years on the Council of the California Medical Association, acted on a number of important committees and served in a number of capacities. He has always done this work well and enthusiastically and always responded to the call of duty, no matter how much of his energy and time it took.

He was also in the original foundation of the California Physicians' Service and is thoroughly familiar with the problems which have taken us to the mat so often, so I feel he is qualified as well as any man here to have a well founded and rational viewpoint of this California Physicians' Service problem which we spend so much time discussing.

He has also been very active in public health and its development and growth. Now even more important perhaps, he has been a delegate to the American Medical Association for five years and is still a delegate which takes him east on many occasions and has acquainted him with many of our problems on a national level as well as on our state level and in our county society level.

Now I emphasize that it might be a recommendation that a man go to Washington these days. I fully appreciate that that has intimations, perhaps, that would not seem to be a very important qualification. However, waiving that for the moment, I wish to state Dr. Green has been to Washington on a number of occasions. He was there for the original hearings on the Murray-Wagner-Dingell Bill, which you remember, and spent some three weeks there at that time and is thoroughly familiar at the top level with the civil-medical and medical economic problems that face us here, not only locally in this state, but also throughout the country. I think that is a most important matter for your consideration. The experience over and above the state experience he has had gives him an even broader viewpoint on the economic medical problems that face us today.

I'd like to say that throughout all these years Dr. Green has been energetic. He has responded in every way to the call of duty to the profession. Again I reiterate in his own home town and county, state level and American Medical Association level and special committees he has represented in Washington, D. C. I am perfectly satisfied that he will have the same vigor and same energy physically to carry on the duties such as we may assign to him for the coming year that he has in the past and will do them honestly, energetically and well.

Remember again his qualifications; long periods of service for this state society, a long period of service on the A.M.A. and a longer period of time, repeated periods of time, in Washington, D. C., considering our problems. Mr. Chairman, I consider it a distinct privilege and a personal pleasure to nominate Dr. John W. Green for President-Elect for the California Medical Association. Fellow Delegates, I hope to have your favorable support for this nomination. Thank you. (Applause.)

DR. L. H. FRASER (Alameda-Contra Costa County): In 1951 at Atlantic City your President of the

A.M.A., Dr. John Cline, in his inaugural address made a plea for the physicians in this country to participate in the political endeavors, and particularly in civic pursuits. I think that we've all recognized that necessity.

I want to speak on behalf of John Green who has exemplified his responsibility to his city more than most. I would say, physicians in this audience. I think that we should recognize as part of a candidate his ability and his willingness to contribute something to the civic advancement of his community. I think that Dr. Green has served his profession for a long period of time and certainly well. He has served this association exceedingly well all of his life and in his own city of Vallejo, and I beg your support of Dr. John Green. (Applause.)

DR. LOGAN GRAY (San Mateo County): When a man has served his county and his association long and with distinction, it is the most natural thing in the world for his colleagues to want to place him in a position of high leadership. This is partly because of a desire to give him recognition and partly because of the value of utilizing his accumulated wisdom.

As long as I have known Dr. Green, and I was a boy in Solano County and came from there, he has been the kind of doctor who has been putting good will and respect for physicians into the bank of public prestige from which we all from time to time have to draw. Since becoming a physician I found that, besides being a civic leader, he is a leader in his profession. In all these local, state and national offices that he has had, there are few of us who haven't in some way had his work touch us personally.

It gives me great personal pleasure to second the nomination of Dr. Green as President-Elect of the California Medical Association. (Applause.)

DR. NEIL J. DAU (Fresno County): It has been my great pleasure for the last couple of years to serve on the Council along with Pete Green whom I admire very much. We like his judgment and he is always there to do the job. I take great honor in being able to second the nomination of Pete Green for President-Elect of this Association.

DR. J. C. CRANE: It gives me great pleasure to second the nomination of John W. Green for President-Elect. I too served on the Council for six years with him. I followed him around in Washington on one stretch. I believe it is well to remember the old axiom, everything else being equal, remember the old best friends first. (Applause.)

DR. S. J. MCCLENDON: Mr. Speaker and members of the House of Delegates: My loyalty and friendship prompt me to second the nomination. For many years since World War I, I have known Pete Green, and in my experience nobody in California medicine has rendered more sincere and honest service. I have served with him on the Council and various committees, on the A.M.A. delegation, and I do not know of anyone who has given more of his heart and courage to our organization than Pete.

DR. KARL SCHAUPP (San Francisco): Pete Green whom we have known in the work of the Association, the year that I served, is a kindly, gentle person who carried out the wishes of his Association; who never himself looked for anything beyond a serving of his duty.

During the war, a good many of you were away and would not know, but those that were here do know who had the responsibilities that we had in Vallejo and the Navy yards and in the building of the hospital, Pete Green was the one to whom we turned and who carried the load. He has always done, he has always carried out the wishes of his Association. There were times he didn't agree with the policy when the policy was established, but being an officer of the Association, he carried those through conscientiously, whether or not he believed it would be the right thing or not. He never opposed the C.P.S. after it was accepted because he decided to help make it the best type of an organization. I would feel remiss in my duty as a member of this Association if I did not stand up and say to you today that I believe Pete Green is the man that we should have for a President. (Applause.)

SPEAKER CHARNOCK: Are there any other seconds? Any other nominations for the office of President-Elect?

The Chair hearing none, declares the nominations closed. They are closed.

The tellers will please come forward and get the ballots. We will vote by ballot. The ballots are numbered and this will be ballot No. 1. I do not think it will be too confusing.

Gentlemen, all the alternates and visitors who are not eligible to vote, will you please stand up at the end of the room for a moment or two so that we don't get confused in this voting.

Has everybody voted once? While the tellers are counting the ballots, we will proceed with the election of the next office, that of Speaker, and the Chair will recognize Dr. E. C. Halley of Fresno.

DR. E. C. HALLEY (Fresno County): Members of the House of Delegates, I come before you this afternoon, full realizing the importance of the speakership of this great organization. I am also mindful of the immense amount of duties that befall the Speaker, not in convention alone, but throughout the whole year of his tenure of office. I think you have noted here in the last few days some of the decisions we have made or are about to make that are becoming of increasing importance in our daily practice of medicine and will undoubtedly continue to be more important in the future.

It is for these reasons that it is my considered opinion that I believe anybody proposed for the speakership of an organization of this character should be possessed of those attributes that befit that office. I believe he should be of keen intelligence, of unquestioned integrity. He should be versed in political medicine, he should be a good organizer, and I think he should of course be a good parliamentarian.

Now I have just such a man to offer you. He has been my friend for twenty years. For an equal length of time he has been a member of the Fresno County Medical Society. He has been a friend of all of us in the Fresno County Medical Society and a good adviser to many of us. I will say this, however, about my candidate; he abhors featherbedding. He is not like the man on the train riding on the rear caboose of the platform only to see the world after it is past. You see, he is used to riding up in the engine and making decisions in advance.

He has been active in state and local affairs for many years. He is Past President of the Fresno County Medical Society, past president of the California Trudeau Society. He has been active on committee assignment in the House of Delegates of the Association. He has also served many years here off and on as Delegate to this House. He is presently completing a successful year as Vice-Speaker of this organization and he is versed in the affairs and knowledge of political medicine, medical economics, and he knows good public relations.

He feels that the public faith in us as doctors is a sacred trust, and he believes this very trust in us by the public should help mold the destiny of this organization.

He comes from no political subdivision of this state; I mean no geographical subdivision of this state. He comes from the center of the state, and I assure you he would never belong to any subdivision of this Association. It is therefore my pleasure to place in nomination for the office of Speaker of the House of Delegates the name of Henry A. Randel of Fresno County. (Applause.)

SPEAKER CHARNOCK: Dr. Randel's name has been placed in nomination. Is there any second to this?

DR. J. E. VAUGHAN (Kern County): It gives me great pleasure to second the nomination of Dr. Randel. We have found him very efficient and a great and willing worker.

SPEAKER CHARNOCK: Are there any further nominations?

DR. THOMAS E. FARTHING (San Mateo County): It has been my privilege for the past year to sit around a large and long conference table with Henry Randel, and I have become progressively impressed that here is an individual who possesses talents that California medicine should utilize. He has unusual integrity, courage and ability to do what he thinks is right.

I take great pleasure in offering my personal second to the nomination. (Applause.)

SPEAKER CHARNOCK: Are there any other seconds?

DR. VERNE GHORMLEY (Fresno County): Mr. Speaker, members of the House of Delegates, it was our privilege a year ago in a similar session to speak along similar lines. At that time we felt there was a definite place for a man of ability and integrity who had not earlier been fitted into previously established channels. We felt that at that time that ability was far more important in the affairs of the California

Medical Association than the establishment of pre-formed patterns and deals of support in order to get support for your candidate.

Nothing has happened during the past year to change our opinion in this regard. In spite of possibly a few words of misunderstanding on this subject, I would like to reiterate that in speaking for this candidate there have been no deals made, and we feel that we want the open support, not only of our candidates but others that have a position or job to fill in C.M.A. and therefore reminding you of this, I wish to add my personal support to the nomination of Henry Randel for Speaker of the House of Delegates. (Applause.)

SPEAKER CHARNOCK: Any more seconds?

... Vice-Speaker Randel assumed the Chair. ...

VICE-SPEAKER RANDEL: Are there further nominations? Any additional nominations for the position of Speaker of the House? They are now in order.

DR. E. VINCENT ASKEY (Los Angeles County): Mr. Speaker, ladies and gentlemen: Someone has said that to understand the present or foretell the future one must be acquainted with what history tells of the past. I'm going to preface the nomination which I have in mind by giving you a little of the history. I'm well aware that some of us in this room are newcomers to California and you're welcome. That is what has made our state great. But some of us don't know some of the things that have gone to make a great state.

Yesterday, I was very pleased to hear the California Physicians' Service state that their president was not always the best man to serve as Chairman of the House of Delegates. The same thing occurred a little over twenty some years ago in the California Medical Association.

At that time the President of the California Medical Association was also the chairman of the House of Delegates. It was then decided at that time to elect a Speaker of the House of Delegates, who should be a trained man, who should probably be more than one year in office in order to know how best to serve you, and at that time our revered friend Dr. Edward Palette was elected Speaker of the House of Delegates, and Dr. John Graves from San Francisco was the first Vice-Speaker. This went on for two or three years, and Dr. Graves was a little incapacitated and was older and it was thought that a man of more active ability, and with Dr. Graves' full consent, should be chosen. At this time Dr. Dewey Powell of Stockton, who comes from the same district as Fresno, was elected.

Then it was found that the California Medical Association offices being in San Francisco, that for the best interests of the California Medical Association, the chairman of the Council and the chairman of the Executive Committee who was the chairman of the Auditing Committee would probably be better if they came from the northern part of the state, where the offices were and where the reasons for things to be done were first apparent.

At that time after talking it over with the people of the House of Delegates and the Council, it was decided that for the best interests of the California medicine, that it would probably be a good idea if it were sort of an unwritten understanding that the chairman of the Council and the chairman of the Auditing Committee, who is executive Committee chairman, should be from the north. Then it was felt that that might, even if we had more votes in Southern California, that it might be a good idea if there were representation from the southern end of the state, and a sort of gentlemen's agreement at that time was made that therefore the Speaker of the House of Delegates and the Vice-Speaker of the House of Delegates should be all located in the Southern part of California. Dewey Powell, who was the Vice-Speaker at that time, was very much in favor of it and everybody concerned thought so, so that was it, and Dewey Powell, than whom there is no whomer—he is a fine gentleman—refused to run again and at that time Dr. Roble of Riverside was elected the Vice-Speaker of the House of Delegates.

Since that time this situation has gone on, and with reason, because your Executive Committee consists of the President, the President-Elect, which alternates every year as you know from south to north, so that there is almost equal representation of that; the chairman of the Council, and the chairman of the Executive Committee and the Speaker and the Secretary. It was thought then that by having the Speaker and the Vice-Speaker from Southern California, that that would equalize representation of the society, irrespective of any special dispensation or desires.

With those things and ideas, last year this precedent—it isn't a rule, you have a perfect right to do anything you want to—but last year that was upset and I think it was probably upset last year because of a lack of understanding of some of us who didn't know what history teaches us of the past for the benefit of California medicine. Therefore it is my belief that we in Southern California should not by reason of any votes whatsoever that we have or could get together, that we should take or make any efforts to get the chairmanship for the Auditing or Executive Committee in any way, shape or form. Neither do I believe that the speakership or vice-speakership should be taken from southern California.

Now I'm going to go a little farther. I think it was St. Paul who said, "Prove all things, but hold fast to that which is good." I believe that for the good of California medicine, the policy which has been followed is good. It has been followed and it was good. If for any reason you wish to change it, it should be changed with a full understanding of those things and not without misunderstanding. For that reason and for the fact that there have only been six Speakers of this House, none of whom has served less than three years. I believe that since the man who is now your Speaker has done a good job, he is fair, he is honorable, he has worked on committees for our Association without any regard to his personal betterment, and I therefore appeal to you to support the

nomination for the Speaker of the House which I present to you, Dr. Donald A. Charnock. (Applause.)

VICE-SPEAKER RANDEL: Are there any other nominations to come before the House?

... The nomination was seconded. ...

VICE-SPEAKER RANDEL: Hearing no further nominations, we declare the nominations closed.

Will the tellers appointed please come forward.

... Speaker Charnock resumed the Chair. ...

SPEAKER CHARNOCK: Will the secretary please read the report of the elections for President-Elect.

SECRETARY ALBERT C. DANIELS: The vote was: Eisenhower 2 votes; MacDonald 89 and Green 137. (Applause.)

SPEAKER CHARNOCK: The Chair will appoint Drs. Donald Cass, John Cline, Stanley Kneeshaw and Sam McClendon to escort Dr. Green to the platform. (Standing applause.)

DR. JOHN GREEN: Mr. Speaker, members of this House: I'm quite surprised at the outcome. However, I wish to accept this honor for my district, and for my county and for my town. I accept the responsibility. Thank you. (Applause.)

SPEAKER CHARNOCK: Thank you, Dr. Green. While we are waiting for you gentlemen to ballot, may I read a telegram that has come to Dr. MacLean, President of the California Medical Association which he won't read.

"Please convey to the assembled delegates of the California Medical Association the Treasury Department's appreciation for your valued cooperation in the United States Defense Bond program from the standpoint of national economy, rearmament for defense, as well as for the welfare of the individual. Defense Bond program is of vital importance and we highly value your continuing support to the Savings Bond Division of the Treasury Department."

... Vice-Speaker Randel assumed the Chair. ...

VICE-SPEAKER RANDEL: While the ballots are being counted, we will proceed with the election, and nominations are now open for the post of Vice-Speaker.

DR. EDWARD C. ROSENOW, JR. (Los Angeles County): I have heard a lot of very excellent speeches, and I can assure you I could give an excellent one. My candidate has urged me not to, having heard me several times. I have been sitting with Dr. Halley for several hours now in conference in our reference committee No. 3, and he said he wouldn't mind very much if I stated that I'm not planning to run my candidate for the caboose, but I would like to have him in the position just back of the engine, the fireman's position.

I think it is very important at this time and in line with what Dr. Askey said, to hold to those things that are good of the past. I would like to say that that includes having a man with statewide experience, not just Southern California experience. The candidate I am going to propose has, well, he happens to live in Los Angeles County, but he has been for twelve years on the Council of the Los Angeles County Medical Association and is at pres-

ent its president, a position that he serves with skill and distinction. In addition to this, he has been on the State Board of Medical Examiners for five years, which gives him a fair amount of statewide experience. He has also served for six years on the Council of C.M.A.

For these reasons and because I like him personally and because I live near him and occasionally tend to his medical needs, I pledge you I will keep him in good shape, I would like to nominate for Vice-Speaker, my good friend Wilbur Bailey of Los Angeles County. (Applause.)

VICE-SPEAKER RANDEL: Dr. Wilbur Bailey's name has been presented for nomination for Vice-Speaker. Are there any other nominations for this position?

DR. ERNEST W. HENDERSON (Alameda-Contra Costa County): I have been here about five years, and I think this is the first time I've ever inflicted myself upon you.

I would like at this time to present before you the name of Stanley Truman. Stanley has been several years around in this body. He is a past president of the General Practitioners' Association of the United States. He is a good parliamentarian. He has been on many of our reference committees, and this grass roots thing we bring to you now which comes up fairly late without any organization behind him, we would like to present at least at this time the name of Stanley Truman whom several of us feel would make an excellent Vice-Speaker. Thank you. (Applause.)

VICE-SPEAKER RANDEL: Dr. Stanley Truman's name has been presented.

DR. O. T. WOOD (Tehama County): Having known Stanley Truman since medical school days, it gives me great pleasure to second his nomination.

VICE-SPEAKER RANDEL: Are there any other nominations to come before this House? Hearing none, the position of Vice-Speaker is closed. The original tellers will please serve again. This is ballot No. 3.

SECRETARY DANIELS: The result of voting for Speaker: Shattuck 1 vote; Randel 73; Charnock 155. (Applause.)

... Speaker Charnock resumed the Chair. . . .

SPEAKER CHARNOCK: Thank you, gentlemen. I think we can go ahead now with our District Councilors. Will the chairman of District 1 please make the nominations.

A DELEGATE: Dr. Francis E. West.

SPEAKER CHARNOCK: Dr. Francis E. West has been placed in nomination by District No. 1. Is there any challenge from the House? The Chair hearing none, declares Dr. Francis E. West elected. (Applause.)

District No. 2. They already gave it to the secretary. Will the secretary please read this.

SECRETARY DANIELS: Dr. O. W. Wheeler from the Second District.

SPEAKER CHARNOCK: Is there any challenge from the House? The Chair hearing none, declares Dr. Wheeler elected.

District No. 4.

A DELEGATE: J. Philip Sampson.

SPEAKER CHARNOCK: J. Philip Sampson. Is there any challenge from the House? The Chair hearing none, declares Dr. Sampson elected.

The Seventh District.

A DELEGATE: Dr. Hartzell H. Ray.

SPEAKER CHARNOCK: Dr. Hartzell Ray. Is there any challenge from the House? The Chair hearing none, declares Dr. Ray elected.

The Tenth District.

A DELEGATE: Dr. W. L. Bostick.

SPEAKER CHARNOCK: Is there any challenge from the House? The Chair hearing none, declares Dr. Bostick elected.

That completes the District Councilors for three-year terms.

The Councilors-at-Large for three-year terms, Benjamin Frees and C. V. Thompson, terms expiring. Nominations are now in order.

DR. DONALD CASS (Los Angeles County): I would like to nominate Ben Frees to succeed himself as Councilor-at-Large. As you all know he is a member of the Board of Directors of the Los Angeles Chamber of Commerce. He served on the Los Angeles County Council for many years, was past president of the county medical society and has just finished one term on the Council of C.M.A.

I take pleasure in placing Ben Frees' name in nomination to succeed himself. (Applause.)

SPEAKER CHARNOCK: The Chair might have confused you in mentioning both these gentlemen at one time. There are two offices open. We will take first the office for which Benjamin Frees has just been nominated. Are there any further nominations for this office? The Chair hearing none, declares the nominations closed.

Dr. Thompson is recognized.

DR. C. V. THOMPSON (San Joaquin): For a moment I am still your Councilor-at-Large. I want to say first of all before I place the nomination, the name I have for you, that it has been a great pleasure to me to have served as your Councilor-at-Large for the past six years. It has been a great education and I have enjoyed it very much, and I wish to say to you and to the officers, if there are any errands, any duties, any chores that I can do, be sure to call upon me further.

A little further north in California we have a very excellent young man who I know will be an excellent Councilor-at-Large, and I wish to place in nomination the name of Hollis Carey of Gridley. It is a large district that has needed a Councilor for a long time. (Applause.)

SPEAKER CHARNOCK: Dr. Hollis Carey has been placed in nomination. Now are there any other nominations for this office?

DR. DAVE F. DOZIER (Sacramento): I wanted to second the nomination of Hollis Carey to be Councilor-at-Large to serve on our Council. You know, I think we ought to remember we're doctors first and general practitioners or specialists second. In Northern California we have been peculiarly aware of the

problem of rural hospitalization and all of the things that go with it, and in Hollis Carey we have had one of the finest battlers for organized medicine that has ever been the privilege of us fellows to call a fellow doctor. He has done a grand job up there. He's right in there. He is full of aggressiveness, he has a lot of ideas, and he can be of invaluable help to our whole organization.

It is with great pleasure that I second the nomination of Hollis Carey. (Applause.)

DR. SIDNEY J. SHIPMAN (Councilor-at-Large): I would like to second it too. My primary purpose is to get up here to tell you how sorry I am to see Dr. Thompson retire. I can tell you he has been one of the most valuable members of the Council since I have been chairman. He has never failed to do everything he could for you and for us. His every interest has been the welfare of organized medicine and I want to express my warm personal gratitude to him. Thank you very much. (Applause.)

SPEAKER CHARNOCK: I am sure you voiced the feelings of all the Council officers.

Are there any other nominations? The Chair hearing none, declares the nominations closed. The Chair has been in error in that we did not vote on this first office, but there is just one nomination for the two offices. Maybe we can do that together.

All those in favor of Benjamin Frees and Hollis Carey, please signify by saying "aye." To the contrary? They are elected.

SPEAKER CHARNOCK: The next officers are Delegates to the American Medical Association. The first one is the incumbent, H. Gordon MacLean of Oakland.

DR. CYRIL J. ATTWOOD (Alameda-Contra Costa County): It is not my purpose, nor do I think it necessary to take very much of your time this afternoon, but I think that one of the most important functions we fulfill here is the selection of our representatives to the House of Delegates to the American Medical Association. It seems to me that it would be perfectly superfluous for me to take your time to recount to you the years of service, the integrity and intelligence of our own President, soon our immediate Past President. Both for myself therefore, and for the Alameda-Contra Costa delegation, I wish to place in nomination to you to succeed himself as Delegate to the American Medical Association, Dr. H. Gordon MacLean. (Applause.)

DR. EDWARD C. ROSENOW, JR. (Los Angeles County): I realize it is unnecessary to second it, but when asked by Dr. Attwood whether I would be willing to do so, I seized the opportunity to put in a plug for this very excellent physician and friend of ours. I am happy to second the nomination of Dr. MacLean.

SPEAKER CHARNOCK: Are there any other nominations for this office? The Chair hearing none, declares the nominations closed. How will you vote? All those in favor of Dr. H. Gordon MacLean will please signify by saying "aye." To the contrary? He is elected.

SPEAKER CHARNOCK: The next is that of E. Vincent Askey of Los Angeles, term expiring.

DR. EDWARD H. CRANE, JR. (Los Angeles): It is my pleasure to place the name of E. Vincent Askey in nomination for Delegate to the A.M.A. Dr. Askey has served well for several years. It is our fondest hope that he will be the Vice-Speaker of the American Medical Association next year. Therefore, I wish to thank all who would unite in backing Dr. Askey. (Applause.)

SPEAKER CHARNOCK: Are there any further nominations for this office? The Chair hearing none, declares the nominations closed. How will you vote? Those in favor of Dr. E. Vincent Askey will signify by saying "aye." To the contrary? He is elected.

SPEAKER CHARNOCK: The next is the office held by Dwight L. Wilbur of San Francisco, term expiring.

DR. ROBERTSON WARD (San Francisco): It gives me a great deal of pleasure to again place in nomination for Delegate to the American Medical Association the name of the present incumbent whose position I took when he was in the Navy. He is a great member of the team of Delegates to the American Medical Association, and is highly respected for his knowledge of things proper in the conduct of American Medical Association affairs. Really, anybody who has had contact with Dwight Wilbur and knows the way he conducts himself in organized medicine, doesn't need to be told about it. It is a great pleasure to nominate him to succeed himself as Delegate to the American Medical Association.

SPEAKER CHARNOCK: Are there further nominations for this office? The Chair hearing none, declares the nominations closed. Those in favor of returning Dwight Wilbur will signify by saying "aye." To the contrary? He is elected.

SPEAKER CHARNOCK: The next office is the one held by Donald Cass, term expiring.

DR. H. CLIFFORD LOOS (Los Angeles County): The man I wish to nominate for this position is so well known and has been eulogized so much that it is almost improper for me to enter the ranks of oratory here today. This man is at present the President of the California Physicians' Service and Past President of our Association. In viewing the activities of our Past Presidents, I think of the old axiom that there is nothing so dead as a past president. I think he looks pretty alive to me.

I wish to place in nomination Dr. Donald Cass.

SPEAKER CHARNOCK: Dr. Donald Cass has been placed in nomination to succeed himself. Are there any other nominations? The Chair hearing none, declares the nominations closed and Dr. Cass is elected. Excuse me. Those in favor of the election of Donald Cass will please signify by saying "aye." Contrary? Dr. Cass is elected.

SPEAKER CHARNOCK: The next office is that of Ralph B. Eusden of Long Beach, term expiring. Nominations are now in order. Are there any nominations for this office?

DR. BENJAMIN FREES (Los Angeles County): I wish to place in nomination the name of J. Lafe Ludwig for this office. Lafe Ludwig has a very peculiar position in that he represents the west on the legislative committee of the A.M.A. and we feel certainly that in that position that he ought to be a Delegate to the American Medical Association, and it gives me great pleasure therefore to place his name in nomination.

SPEAKER CHARNOCK: The name of Lafe Ludwig has been placed in nomination. Are there any other nominations? The Chair hearing none, declares the nominations closed and those who are in favor of Lafe Ludwig please signify by saying "aye." To the contrary? Dr. Ludwig is elected.

SPEAKER CHARNOCK: The office held by Dr. R. Stanley Kneeshaw and whose term is expiring.

DR. PAUL D. FOSTER (Los Angeles County): I nominate Dr. R. Stanley Kneeshaw. For his many years of active service at county, national and state levels, he has had almost every honor we could bestow upon him in the county society, and has served several terms as Councilor, and as you well know he is a recent past president of C.M.A. He is just completing this term as Delegate, and we would be most happy to have you return him there again.

SPEAKER CHARNOCK: The name of Dr. Kneeshaw has been placed in nomination. Are there any further nominations for this office? The Chair hearing none, declares the nominations closed. Those in favor of Dr. Kneeshaw will please signify by saying "aye." The contrary? He is elected.

SPEAKER CHARNOCK: I will call upon the Secretary to give the results of the Vice-Speaker's election.

SECRETARY DANIELS: Mr. Speaker, Truman 91 votes. Bailey 136. (Applause.)

SPEAKER CHARNOCK: The post of Councilor-at-Large under Item E is now vacant by virtue of Dr. Bailey being elected Vice-Speaker of this House. The post of Councilor-at-Large for his term for one year is now open.

DR. DONALD CASS: I would like to propose Dr. Arthur A. Kirchner. He has served a long period on the Council of the Los Angeles County Medical Association. He has served on many very important committees, and he has attended many of our A.M.A. conventions. He has been before the Council of the C.M.A. on many occasions and can do a splendid job and I take pleasure in nominating Arthur Kirchner. (Applause.)

SPEAKER CHARNOCK: Are there any further nominations for the one-year term of Councilor-at-Large? The Chair hearing none, declares the nominations closed. Those who are in favor of Dr. Kirchner's election will signify by saying "aye." To the contrary? He is elected.

... Vice-Speaker Randel assumed the Chair. ...

VICE-SPEAKER RANDEL: Nominations are now in order for the position of Alternates to the American Medical Association.

The first incumbent is Leopold H. Fraser.

DR. T. E. REYNOLDS (Alameda-Contra Costa): It gives me a great deal of pleasure to nominate the incumbent, Dr. L. H. Fraser, known to most of you for his many activities here and known in his own area pretty much as the Little Giant from Richmond. Dr. Fraser has been a tireless worker for good in the cause of organized medicine. Other than that he has been one of the outstanding civic leaders of his area. Many of you will also remember that he stood here for DeWitt Burnham last year and gave the report of the Committee of Eight in which he described himself to our amusement as the Little Man Behind the Eight Ball. Dr. L. H. Fraser.

VICE-SPEAKER RANDEL: Dr. Fraser has been nominated to succeed himself. Are there any other nominations for this post?

DR. GEORGE I. DAWSON (Napa County): I simply want to second the nomination of Dr. Fraser and make one comment. He has been on the spot on the job all the time he has served currently as Alternate to our President Gordon MacLean. He has attended each session while he has been an Alternate for the past year or so, and I take pleasure in seconding his nomination. (Applause.)

VICE-SPEAKER RANDEL: Those in favor of the election of Dr. Fraser to the post of Alternate will please signify by saying "aye." Those opposed? Dr. Fraser is elected.

VICE-SPEAKER RANDEL: The next name is Dr. H. Clifford Loos of Los Angeles.

DR. BENJAMIN FREES: Mr. Speaker, it gives me a great deal of pleasure to go on record as nominating Clifford Loos to succeed himself. He is an outstanding man and he knows his way around the United States probably more than any other member that we have in the Los Angeles County Medical Society. Thank you.

VICE-SPEAKER RANDEL: Are there any other nominations? Those in favor of Dr. H. Clifford Loos being elected to the post of Alternate signify by saying "aye." Those opposed? Dr. Loos is elected.

VICE-SPEAKER RANDEL: The next name is that of Dr. Kelly Canelo of San Jose.

DR. NEWMAN: I would like to nominate the Atomic Bomb of the San Joaquin Valley, J. Frank Doughty, as Alternate to Dwight Wilbur.

VICE-SPEAKER RANDEL: Dr. Doughty's name has been presented as Alternate for Dr. Wilbur. Are there any other names to be presented? All those in favor of Dr. Doughty signify by saying "aye." Those opposed? Dr. Doughty is elected as an Alternate.

VICE-SPEAKER RANDEL: The next name is that of Dr. L. Duke Mahannah of Long Beach.

DR. ARTHUR A. KIRCHNER: I would like to place in nomination the name of one of the members of the Los Angeles County Medical Association who has been active in our Council, has had many committee assignments, and has done a very fine job. He has also been active at state levels, and is a member of the Board of Trustees of C.P.S. He has also served very well on committee assignments at state

levels, and on the national level, he has been present at all American Medical Association meetings and has done a lot of good work for our delegation. I feel that he deserves the honor of being nominated as an Alternate to the American Medical Association.

It gives me great pleasure to place in nomination the name of John Norman O'Neill.

VICE-SPEAKER RANDEL: Dr. O'Neill's name has been placed in nomination. Are there any other nominations? Hearing none, all those in favor of Dr. O'Neill signify by saying "aye." Those opposed? Dr. O'Neill is elected.

VICE-SPEAKER RANDEL: The next incumbent on the agenda is Dr. J. Lafe Ludwig.

DR. MILTON COLE (Los Angeles County): I would like to place in nomination for the position of the Alternate a doctor from Long Beach who is past president of the Long Beach branch of the Los Angeles County Medical Association. He is currently serving as Councilor on the Los Angeles County Medical Association. In placing his name in nomination, we feel he is not only well qualified for this position, but that he will serve to represent the 2,500 doctors who make up the membership of the outlying branch of the Los Angeles County Medical Association. I would like to place in nomination the name of Dr. H. Milton Van Dyke.

VICE-SPEAKER RANDEL: Dr. Van Dyke's name has been placed in nomination. Are there any other nominations? Hearing none, those in favor of Dr. Van Dyke signify by saying "aye." Those opposed? Dr. Van Dyke is elected Alternate.

VICE-SPEAKER RANDEL: The next incumbent is Russel V. Lee of Palo Alto.

DR. WILLIAM BURKHARD (San Francisco County): I wish to place in nomination a young man. He has been working hard and going ahead. He looks easy-going but is a hard worker and aggressive and tactful. I would like to place the name of Burt Davis as Alternate for Dr. Stanley Kneeshaw.

VICE-SPEAKER RANDEL: Dr. Burt Davis' name has been presented. Are there any other nominations? All those in favor of Dr. Burt Davis signify by saying "aye." Those opposed? Dr. Davis is elected.

VICE-SPEAKER RANDEL: The next post for Alternate is open in place of Dr. John D. Ball.

DR. L. K. WILSON (Orange County): It is with regret that we have to say at this time that we certainly miss John Ball. It is the first of our annual meetings in many years in which he was not active. As you recall, John passed away the latter part of December, leaving two vacancies in our district; that of Councilor to C.M.A. and the other as Alternate Delegate to A.M.A.

We wish at this time to present the name of our senior Delegate to this House, who has conscientiously worked many years, and I feel he is very well acquainted with the problems of the California Medical Association and that he will carry on very well as an Alternate to the A.M.A., Dr. J. P. Price of Santa Ana.

VICE-SPEAKER RANDEL: The name of Dr. Price has been placed in nomination.

DR. SIDNEY J. SHIPMAN: May I move we stand for a moment in memory of Dr. John Ball.

. . . Silent tribute to Dr. John Ball. . .

. . . Speaker Charnock resumed the Chair. . .

SPEAKER CHARNOCK: We now have two posts on the C.M.A.-C.P.S. Liaison Committee.

A DELEGATE: We did not vote on the last nomination.

VICE-SPEAKER RANDEL: Apologies for that. Dr. Price's name was placed in nomination. Are there any other nominations? Those in favor of Dr. Price signify by saying "aye." Those opposed, "no." Dr. Price is elected Alternate.

SPEAKER CHARNOCK: We now come to the two members of the C.M.A.-C.P.S. Liaison Committee. There are two positions which are open. We will proceed with nominations for those. I think that is something everybody forgot about.

We will now call on Dr. Wayne Pollock to announce the membership of the Committee on Committees.

REPORT OF THE COMMITTEE ON COMMITTEES

DR. WAYNE POLLOCK: Mr. Speaker and Delegates: The Council wishes to nominate for your approval the following men for membership on the Standing Committees:

The Committee on Associated Societies and Technical Groups, Dr. James Regan, Los Angeles, replacing Dr. J. Norman O'Neill.

The Committee on Histories and Obituaries, Dr. John Barrow, Los Angeles, replacing Dr. E. T. Remmen.

The Committee on Industrial Practice, Dr. Packard Thurber, Sr., of Los Angeles, replacing Dr. Jerome Schilling.

Committees on Hospitals, Dispensaries and Clinics, Dr. Howard C. Miles, Salinas, to be reappointed.

The Committee on Medical Defense, Dr. Clifford Loos, of Los Angeles, to succeed himself. Dr. Alfred Wilcox, Santa Barbara, to replace Dr. Otto P. Diederich, resigned.

The Committee on Medical Economics, Dr. Roy Ower of San Diego, replacing Dr. Arthur Kirchner.

The Committee on Medical Education and Medical Institutions, Dr. Walter MacPherson, Los Angeles, replacing Dr. Frances Smyth.

The Committee on Military Affairs and Civil Defense, Dr. Frank F. Schade, Los Angeles, to be reappointed. Dr. John Ruddock to be appointed consultant.

Committee on Postgraduate Activities, Dr. Herbert Jenkins, Sacramento, replacing Dr. Carroll Andrews. Dr. Thomas Collins, Fresno, replacing Dr. John Ball, deceased.

Committee on Public Policy and Legislation, Dr. James Doyle, Beverly Hills, replacing Dr. Peter Blong.

Committee on Scientific Work, Dr. George Houck of Palo Alto, replacing Dr. Clayton Mote.

Physicians' Benevolence Committee, Dr. Elizabeth Mason Hohl, Los Angeles, to be reappointed.

Mr. Speaker, I move the appointment of these committees as indicated.

SPEAKER CHARNOCK: Is there a second?

DR. WILBUR BAILEY: I second the motion.

SPEAKER CHARNOCK: It has been moved and seconded that we elect these as indicated by Dr. Pollock. All those in favor signify by saying "aye." Contrary? They are appointed.

SPEAKER CHARNOCK: At this time C.P.S. is ready to go into conclave.

DR. E. VINCENT ASKEY: May I make one announcement at this time before we go? It is very important that your Delegates and Alternates to the A.M.A. House of Delegates meet and consider any requests that you people may give us to the end of this meeting. We are waiting and have not had our yearly meeting because we don't know what you fellows want us to do yet. I hereby call all Delegates to the American Medical Association and all Alternates to meet at 10:00 o'clock tomorrow morning in Room 7204. Thank you, Mr. Speaker.

SPEAKER CHARNOCK: Dr. Donald Cass has asked permission to discuss a matter before you at this time. If there are no objections, we will allow him to do so.

DR. DONALD CASS: The matter that I have to discuss has nothing to do with C.M.A. except indirectly. I have been requested to explain the national election for President, and who is voting for who and what. On the Republican ticket, you have two choices, Mr. Warren and Mr. Werdel. On the Democratic ticket you have two choices, Mr. Kefauver and Mr. Brown.

In California the law requires that you vote for an individual for President, not for a national delegate. There are seventy delegates on the Republican group, and I think a few more on the Democratic side. When you vote for one of these names, you vote for the entire delegation that is pledged to them. That is, if you're a registered Republican, you can vote Republican, but not Democratic, in the primary. You can vote Democratic if you are a registered Democrat.

Now the thing that I have been asked to explain is the difference in who can vote for who and what are you going to get when you vote. There are on both parties two types of candidates for Republican delegates, and on the Democratic, two different kinds.

We have on the Republican side what is known as a captive delegation, a delegation pledged to Mr. Warren, who will follow Mr. Warren and Mr. Warren will vote the seventy votes of those national delegates. A vote for Mr. Warren means that he will carry those seventy California delegates in his pocket until he gets ready to let them go. He has said he will release them when he is sure that he can't win himself.

Mr. Werdel is not running for office. Mr. Werdel is just a name. If you vote for Mr. Werdel, you vote

for seventy Republican delegates who will be released and won't have to vote for Mr. Werdel or anybody but the man of their choosing. They can vote for Mr. Taft, Mr. Eisenhower, General MacArthur or Mr. Stassen; anybody they want. They will not be pledged to any one man and each delegate will be free.

On the Democratic side, a vote for Mr. Kefauver will mean that the Democratic delegates have the delegates to the Democratic National Convention and they will be Mr. Kefauver's votes. He can handle them any way he wants and keep them in his pocket, but he will vote the entire ticket. If you vote for Mr. Brown, it's similar to the vote for Mr. Werdel. That is, Mr. Brown is not running for office. He will release his candidate or his delegates as soon as they are elected, if they are elected.

Now that has been a confusing thing in the minds of many because in California you can't pick delegates apart from Mr. Warren's group, apart from Mr. Werdel's group. If you are a Republican you can't take part of Kefauver's and part of Brown's. You have either got to vote Warren, Kefauver, Brown, Werdel. Each of those names carries with it the delegates to the national convention where that presidential candidate is nominated for that important party. I am giving you this information because I'm currently on one of these groups, and I have been asked to explain because so many people don't know how they're going to vote. If they want to vote for a certain candidate, I'll say again, the Warren candidates are what we call captive candidates. They are pledged to vote what Mr. Warren tells them to vote until he frees them and he has not said when he is going to free them. Mr. Werdel has an affidavit on file that his delegates will not be forced to vote for him. They're Republican candidates and will be free to vote for any man they want for the nomination.

Mr. Kefauver's group are pledged to him and Mr. Kefauver will vote the Democratic delegates as a bloc. That is, as long as he wants to hold them. Mr. Brown has the same number of delegates. If they are elected, they will vote individually. I'm sorry to take your time but I was requested to announce this and I hope it is clear to you.

SPEAKER CHARNOCK: Both political parties are represented in that discussion. I'm sure we can accept this report.

Coming back to Number 6, there are two places on the C.M.A.-C.P.S. Liaison Committee. Are there any nominations for those two offices?

A DELEGATE: Who is to be replaced?

VICE-SPEAKER CHARNOCK: The Secretary won't tell me. The President and the President-Elect.

We have a word from Legal Counsel, Mr. Hassard.

MR. HASSARD: The resolution of this House that created this liaison committee specified that there should be two members on the committee elected by the House of Delegates. In addition to which the President, President-Elect and several other officers

are also on the committee; the two to be elected by the House have never been selected so you're not replacing anyone.

DR. SIDNEY J. SHIPMAN: I would like to propose the names of Dr. Heron of San Francisco and Dr. Morrison. The reason for this proposal is that subsequently you will have before you a new proposal which was made the day before yesterday, to include three members of the Council on the Board of Trustees of C.P.S. and since that has been the case or probably will be the case, I would suggest that in order to fulfill the requirements of procedure, we nominate Dr. Heron and Dr. Morrison.

SPEAKER CHARNOCK: Are there any further nominations? The Chair hearing none, declares the nominations closed. Those in favor of Dr. Heron and Dr. Morrison, the selection of two members of C.M.A.-C.P.S. Liaison Committee, signify by saying "aye." Those to the contrary? They are elected.

SPEAKER CHARNOCK: With the permission of the House, we will declare a ten-minute recess.

. . . Recess. . . .

SPEAKER CHARNOCK: Back to C.M.A. While we are still in recess as the House of Delegates, and before we go back into session as a House of Delegates, with your permission I should like to have at this time one of our young A.M.A. Junior Delegates speak to you for just a few minutes. If there is no objection, and the Chair hearing none, we should like to have Frederick Sobeck, third year man at the University of California at San Francisco, give you just a short report about the working of the Student A.M.A.

FREDERICK SOBECK, Student A.M.A.: First of all we have the Student A.M.A. I would like to thank you all for the splendid support you have given us. In our chapter we have been given help in getting organized from several of the Bay Area county societies of \$25 and \$50. Now that we are organized we hope we will not have to receive any more financial aid in this regard. Naturally, we hope to be as financially and otherwise independent as we are able.

We also thank you for your help in sending one of our student delegates to our National Student A.M.A. Convention; one delegate from each of our schools. Also, two delegates were sent to this convention from our chapter up at the University of California. There are no delegates from the other schools in this city because we have vacations, but they do not this day. Unfortunately, the sending of these delegates is a matter in which we cannot be financially independent, and we will have to rely upon your added and continued support if we are to continue to do this.

We had a national convention between semesters this last year in Chicago. There were delegates present from thirty-five medical schools. One of the outstanding pieces of business transacted at this meeting was an agreement to work with the N.I.C.I., the National Interassociation Committee on Internships which devised and runs the internship matching program by which interns are selected for their appro-

priate hospitals. It was agreed that Executive Council of the Student A.M.A. should meet with the N.I.C.I. and devise a questionnaire to send all the present seniors to find their opinion of the matching plan as they experienced it and to meet again with the N.I.C.I., and as a result of this poll, as a result of their discussions, to change, drop or continue the matching program.

Also at the national convention the first Student Journal was brought out. There have been four copies of this journal for the four months of this year so far. I feel that this is an excellent journal and all the students I have talked to feel it is very excellent. I have the four copies with me here today if any of you are interested in seeing them. I hope you will call me aside and take a look at it.

On a local level our projects have been somewhat different. On talking to the delegate from U.S.C. I find that his particular program has been largely arranging for meetings and speakers with subjects pertaining to inquiry into the sectional and economic aspects of medical problems; problems such as choosing an internship, medical students, and finally to practicing doctors, to choice of locations and so on.

Another thing we are investigating in these talks is the humanity of medical practice as opposed to the science of medical practice. Often we as students feel that we have so much time spent in learning the facts of medicine that very little time is left over in school for learning the more human aspects.

At our chapter at U.C. we have just organized as well as the Student A.M.A., a study body government which previously had not existed. Therefore, we had considerable backlog of very practical measures that we had to attend to and this has been our predominant sphere of activity.

One of the things that we have done this year is to organize an orientation program with incoming classes. In the past, the first experience the freshman had upon entering the school was a headlong plunge into histology lectures at 8:00 o'clock Monday the first day. We are trying and have succeeded in getting hold of the freshman class during registration week before they are spoken to by any of the faculty and give them a student's or worm's eye view of what medical school is like, what we think about, and what we have experienced; giving them ideas of what they will find helpful to do and helpful not to do, who and what to look out for, and all sorts of things.

We have also instituted an orientation program for each class at the beginning of their year by the class one year ahead of them along a similar vein. We also offer advice on purchases to the student so that he may get his full money's worth and make the purchases which he will use the most and avoid making purchases which he can get along without if he does not wish to buy it if he can help it. We have also made efforts to purchase equipment and books wholesale, and in this all the distributors and manufacturers have given us all the cooperation

they can except they refuse to give us a break. They are willing to do anything they can for us except help us.

Last year we had succeeded in acquiring from one of the local distributors a discount so that instead of taking the full profit as usual, he would take a smaller profit and give us I believe at that time a 15 per cent discount. Somehow the word got around and the manufacturers in turn sent letters to all the West Coast distributors informing them if anyone sold to students at less than the full price, they could get no more products to sell. This year we have again tried and are still working.

One of our biggest projects, and I hope our most successful this year, has been a frontal attack on the problem of student-faculty relationships. It seemed to us there is an unnecessary gap between the student and the faculty and this gap has existed merely because no one has taken a particular effort to eliminate it. To work on this program, we called a large meeting of the students and faculty, and twelve faculty members representing all departments of the university were present and about fifty student members were present and we had a large round table discussion, and I think that it was very successful.

As an example of some of the things that we discussed, Dr. Bell, who is head of surgery, after we had presented some of the things that were bothering us, told us when he was student he had the same problems, and he was president of his class and so he not only had the problems, but had to try and do something about them and took them to the faculty; and the same problems still existed. On the one hand it was very encouraging to find the faculty so interested in our problems, and again discouraging in that they had had the same problems for twenty or thirty or forty years and here we were trying to eliminate them once again.

As an offshoot of this program, one policy we have established which we hope will become permanent, and that is working with the various departments on a curriculum evaluation program by the students. This has been encouraged by the departments, because they feel the students have many excellent ideas to give them. Perhaps we don't know what we should be taught in bacteriology, but I think we can point out that perhaps in a lecture in orthopedics dealing with fractures of the hand and fingers, when they show an x-ray on the viewer, it was difficult to see a fracture when you're standing right in front of the x-ray but in the fifth row, thirty feet away, you cannot even be sure it is a hand you're looking at, and they might do well to make a slide and magnify the situation.

There are some things we are working on that we still have not succeeded in and we would like to enlist your support and cooperation if possible. One is an internship information program. At present, we know as students very little about internships, except right here in California. We have devised a questionnaire with many pertinent questions which can be easily answered by interns, which we are sending out to all graduates who are now interning,

and hope this information will come back and we will have a permanent file on all hospitals in which we have interns. This file will keep on growing year after year. Since this is the first year it is a small file, and if any of you have any contact with any hospitals who have interns, but no California graduates as interns, if you would get in touch with our organization, we will send you some of our questionnaires for your interns to fill out and send to us for our use. If you could do this, we would appreciate it very much.

Another program we are working on is to establish a student emergency fund which would be contributed to by students and by students as they go on and become doctors contributing back into it. The purpose of this program is so that students who find themselves in financial dire straits can draw upon this student fund which is a student-sponsored and administered fund. They would feel more free to draw upon this fund than upon a loan fund or a scholarship fund, and this would further increase the ties we feel between students and alumni.

Another program we are working on is to try to secure hospitalization insurance for students and students' families. We are in a very peculiar situation. Students are covered as far as hospitalization while they're in college, but while they are at home during the summer or between semesters, they are not covered at all. Someone goes skiing between semesters and breaks his leg and comes back and they say, "Who are you?" Also, it is impossible to get coverage for students' children. Half of our class are married. We cannot get coverage for the children and it means the entire family is not covered. Naturally, the student himself does not have a desire to have duplicate coverage while in school.

We have seen every medical insurance firm we could and every one has told us that there is no such policy which will cover a student for four months out of the year or will cover his children while he himself is not covered. I have been talking to many people here at this gathering to find out if such a plan could be worked through C.P.S. I have found varied reactions. This would be a special type of policy. In the very excellent report on C.P.S. which was given Sunday it was mentioned they should try to do away with as many special policies as possible and get down to a basic few. I have heard comments ranging from "It's a wonderful idea," on the one hand to "Such a policy does not exist and simply cannot exist. It is out of the question. I'm sorry."

If any of you have any ideas how you can help us on this, we would certainly appreciate it.

In short, all these programs perhaps sound small time to you. I assure you that to the students who are knee deep in a concentrated medical curriculum, these problems look very large and we are certainly looking for solutions. If any of you have any ideas about anything we're doing, I hope you will get in touch with me anywhere around here or George Hurwitz, the other Student Delegate, and find out anything that we can tell you. Thank you very much. (Applause.)

SPEAKER CHARNOCK: Thank you, Mr. Frederick Soback, for bringing us the problems of the students at our medical schools. I am sure this is a real problem and I hope we can help you.

Ladies and gentlemen, it is now 4:35. Do you wish to keep grinding along?

DR. E. VINCENT ASKEY: Ladies and gentlemen, this is brought up in the recess for the following purpose. I spoke to your Speaker and Vice-Speaker in regard to, as you know, the sections of our Association do not meet until after the first House of Delegates meeting has met, and therefore any resolutions they might wish to bring in as a section do not have any opportunity to be brought in except as an emergency. The Section on Pathology passed a resolution which they brought to me as chairman of your American Medical Association delegation, and they wish it taken from this House to the American Medical Association, and since the American Medical Association will meet in June, unless it is considered as an emergency, it will not be considered until after the time for which it is intended will have passed. It has to do with some new certification of microbiologists or something of that sort, and the Board of Pathology has stated they will have no action until October. By October, however, the C.M.A. will not have met again, and unless you wish to consider it as a resolution of emergency, it will have no hearing.

I have asked the consent of the Speaker, and I ask the consent of the House at this recess time for Dr. Tragerman, the president of the Section on Pathology, to read the resolution to you in your regular session whether it should be an emergency or not. With the permission of the Speaker and the House, sir, I would ask Dr. Tragerman, the chairman of the Section on Pathology, to present this to you, sir.

SPEAKER CHARNOCK: Are there any objections? Dr. Tragerman, will you proceed?

DR. LEON JOHN TRAGERMAN (Los Angeles County): Thank you for your indulgence in permitting me to present a resolution which was passed just yesterday by our section. I feel that time was of the essence in this instance, and that it is a matter of importance not only to the members of our section, but to the medical profession at large.

The following resolution was passed by the Section of Pathology and Bacteriology, C.M.A., at our meeting yesterday:

WHEREAS, An application is presently being processed with the intent of obtaining American Medical Association approval of a Medical Specialty Board in Microbiology which would certify non-physicians as diplomates in the field of medical practice; and

WHEREAS, There is already in existence an American Board of Pathology which can provide certification of properly qualified physicians in the field of medical microbiology; now, therefore, be it

Resolved, That the Section on Pathology and Bacteriology of the California Medical Association affirm its approval of the previously established essen-

tials for the improved examining boards and medical specialties including the principles that the applicant for examination for regular certification must be a graduate of a medical school approved by the Council on Medical Education and Hospitals and must be licensed to practice medicine, and that the members of any medical specialty board be graduates of a medical school approved by the Council on Medical Education and Hospitals and that the Council on Medical Education and Hospitals of the American Medical Association limit its approval of special boards to those which can comply with the essentials in order to safeguard the interests and welfare of patients; and be it further

Resolved, That the Section on Pathology and Bacteriology of the California Medical Association offer this resolution to the House of Delegates of the California Medical Association with the request that they adopt a similar resolution and transmit it to the House of Delegates of the American Medical Association. Thank you.

SPEAKER CHARNOCK: Thank you, Dr. Tragerman. This is one to be considered as new business, and introduced into the House as new business at the appropriate time and it can be voted upon as an emergency as you wish. We are not in session at the present time and it cannot be acted upon at this time, but I will give you the opportunity, Dr. Tragerman, to express your feelings about this.

Again, it is now 4:40. Would you like to stay in session and get some of the reference committees out of the way? Unless there is any objection, it is the consensus of opinion we are going at the work.

I am going to call first, with your permission, on reference committee No. 4 which is the committee which has to do with resolutions on the constitution and by-laws.

REPORT OF REFERENCE COMMITTEE No. 4

DR. ARTHUR A. KIRCHNER: Mr. Chairman and members of the House: You will see that our report is being presented to you in two parts. The reason for it is this. At first, it was thought that the report of the committee would have to be oral because of the time limitations, but fortunately about an hour ago, they were able to bring us forth the report of the committee on the various amendments offered. As a consequence, there will be found an error or two and they will be called to your attention as we proceed.

Your reference committee No. 4, consisting of Dr. Wayne P. McKee, Dr. Albert G. Miller and myself, has held hearings on the proposed amendments to the constitution and by-laws and are prepared to recommend as follows: I can assure you this committee which knew very little about the constitution and the by-laws forty-eight hours ago, has had a considerable enlightenment in this regard since that time. So I would like to refer you to your copy of the proposed amendments to the by-laws and the constitution, and I would like therefore to consider amendment No. 1, submitted by Dr. Shipman.

SPEAKER CHARNOCK: Just for the record, I would like to declare the House is now in order. Proceed.

DR. KIRCHNER: Submitted by Dr. Shipman:

This refers to dues of retired members. The amendment adds the words "and who have paid dues for the current or immediately preceding year," to Paragraph (a) which then reads as follows: The Council, on recommendation of any component society, may grant retired membership to those active members who have ceased the practice of medicine to the extent and for reasons satisfactory to such component society and the Council, who have been active members of the Association for a total of ten years prior thereto, and who have paid dues for the current or immediately preceding year.

The remainder of Paragraph (a) shall be unchanged.

This amendment would correct an oversight in the present by-laws and would provide for honorable retirement for those members who may have been disabled by a seemingly temporary disability which later became permanent.

I move the adoption of this resolution.

DR. WILBUR BAILEY: I second the motion.

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this report. Bear in mind this requires a two-thirds vote. Those in favor of the adoption of this section of the report will signify by saying "aye." Contrary? It is passed.

DR. KIRCHNER: We will now go to amendment No. 2 which has been broken down into a number of subdivisions. It was submitted by Dr. Lyle G. Craig for reference committee No. 3. This came from the Interim Session of December, 1951:

Resolved, That the Constitution of the California Medical Association be amended as follows:

That in Article IV, Section 1, the first sentence be amended by deleting the word "regular" and inserting in its stead the word "Annual," so that this first sentence shall read:

"At each Annual Session the House of Delegates shall, by a majority vote, fix the annual dues to be paid by members of the Association for the ensuing calendar year."

The remainder of section 1 shall be unchanged.

This refers to annual dues. The amendment deletes the word "regular" and inserts in its stead the word "annual," so that the first sentence of this section shall read: "At each Annual Session the House of Delegates shall, by a majority vote, fix the annual dues to be paid by members of the Association for the ensuing calendar year."

This is a constitutional amendment which cannot be acted upon at this time.

SPEAKER CHARNOCK: Hearing this, this is to lie upon the table. The Chair instructs that this constitutional amendment is to lie upon the table.

DR. KIRCHNER: At this time we would like to refer you to 2 (c). There has been a misarrangement of the amendments, and for this reason we would like to consider 2 (c) before considering 2 (a). The intent of paragraph (a) is to eliminate the

Interim Session and substitute the word "one regular session" for the words "two regular sessions," to read as follows:

"In each year there shall be one regular session of the House of Delegates, the time and place of such session to be fixed by the Council as far as possible in advance, and notice thereof published in the Journal of the Association. This session shall ordinarily be held within the first six months of the calendar year, and shall be designated the Annual Session."

This amendment also deletes paragraph (b) of the by-laws and substitutes an amended paragraph (b) delineating the mechanism for calling special sessions as follows:

"In addition to the Annual Session, special sessions of the House of Delegates may be called by a two-thirds vote of all the members of the Council at any regular or special meeting of the Council; or may be called by a written request stating the object of the session, and filed with the Secretary in the office of the Association. Upon receipt of such a call by the Secretary, the Council shall within thirty (30) days thereafter fix the time and place for such session, and shall cause written notice thereof, stating the purpose of the session, to be sent by United States mail to each member of the House of Delegates at his office or place of residence, as shown by the records in the Secretary's office, at least fifteen (15) days prior to the date of the meeting. At any such Special Session the House may consider and act upon all matters stated in the call, and may in addition recall from committee for action by House any resolutions, By-Law Amendments, or other matters not excluded by the Constitution, which have been referred to a Reference Committee or Special Committee at a prior session. In this event, the House may waive the requirement of these By-Laws that such committees shall have submitted a written report thirty (30) days in advance of the session."

This amendment offers the following paragraphs (c) and (d) as substitutes for paragraph (c) of the by-laws. The substitute paragraph (c) reads as follows:

"Resolutions, or other new business, shall be introduced at the first meeting of any session, and shall be referred by the Speaker to the proper reference committee, which committee shall make a written report with recommendations to the House of Delegates at a subsequent meeting of the same session, held after an interval of not less than twenty-four (24) hours. Such committee report may be acted upon by the House either as a whole or by sections, and each section may either be given final action, returned to the reference committee for further study until the next regular or special session, or may be referred to a special committee, appointed by the Speaker, for such further consideration."

The committee wishes to add the words "for that session" to the last sentence of paragraph (d) which will then read as follows:

"The passage of such emergency resolution shall require a two-thirds affirmative vote of all members

present and voting, and the action shall be final for that session."

This amendment eliminates the mandatory interim session of the House of Delegates and leaves the privilege of calling such a meeting in the hands of the House of Delegates and the Council.

After much deliberation by the committee and after ascertaining the opinions of many members of the House of Delegates, the committee feels that the holding of an interim session on a mandatory basis is inadvisable and therefore recommends that the amendment do pass.

DR. E. VINCENT ASKEY: I second the motion.

SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion?

DR. BELTZ (Los Angeles County): I was going to ask the question, should the word "present" be in line 5, paragraph 2, on page 2 following the word "Council," so it would read "may be called by a two-thirds vote of all members of the Council present at any regular or special meeting"? The way it reads, it seems to me it requires all the members to be present.

MR. HASSARD: As worded in the amendment before you it means the two-thirds of all of the members of the Council would have to vote for calling a special session; not two-thirds of those present at a meeting, but it wouldn't require all members of the Council be present if two-thirds were present and it's unanimous, they'd be able to call a meeting.

DR. LYLE CRAIG (Los Angeles): That wording is exactly in the method of calling a special session, is exactly word for word as it is in the present by-laws with one single exception; that after putting it in four times, postage fully prepaid, I decided that was redundant and couldn't take it, so I left that out, but as far as the requiring the majority, two-thirds of the entire membership of the Council, that is exactly word for word as it is in the present method.

DR. ROBERTSON WARD: Mr. Speaker, I hate to get up and put on another argument for the interim session. I think it was a wise provision of the new constitution and by-laws, and I hate to see it voted down before it has been given at least a year's chance to see how it works out. If you vote in favor of the recommendations of the committee, you vote out of existence the interim session. I know that my own delegation has kicked this thing around a good deal, and the majority of us felt that we should eliminate the interim session.

I make a plea to you not to eliminate it at this time. At least give it one year's time to see if its provisions were not correct such as are now in existence in A.M.A. This is a pretty big organization, and it seems to me that we should give more time to the consideration of our legislative matters than is being given or is willing to be given in a single session.

DR. JOHN M. RUMSEY (San Diego): We of San Diego come instructed to keep the interim session

if we can and these are the reasons why we felt that way. I think it is evident that everyone in this House understands the problems that are presented in these resolutions very much better than at any time that we have observed in the House of Delegates, and that is primarily because of the education in the interim session. The understanding eliminates a lot of dog fights and eliminates a lot of time wasted. I plead for you to keep it.

DR. LESLIE MAGOON: I have talked to this subject before, but I beg your indulgence for talking to it again. Primarily the purpose of the interim session was to increase the stature of the House of Delegates. If you remember back to when the resolution was adopted directing that the new constitution and by-laws be drawn up, it was for that specific purpose. If the House is for a larger stature, it must then have more offered. That's the first reason that I feel an interim session is valuable and should be kept. But a more important reason, a more fundamentally important reason and a more important benefit of the interim session is the greater participation it gives our membership in the decisions that we here make. How did it work when we had one session? Our delegates met and organized. They met with our Council and asked our councilors "How will you instruct us?" The councilors in turn said, "Well, what's coming up?" The delegates were obliged to say they didn't know.

Our constitution so instructs delegates on important things. Before they had no chance. When the delegates came back, having done something, the only recourse the individual member had was to rail at the meatheads that did things like that to him.

Now what happens to the resolutions that are in our hands? The member has a chance to tell his delegation what to do. The member feels that he's a part of the deliberations and that he helped make the decision and it is only thus that a decision is cheerfully accepted and really valid.

For those benefits and with Dr. Ward, because the time of the experiment has been much too short, I ask that this proposal to eliminate the interim session be defeated.

DR. H. CLIFFORD LOOS: As Dr. Rumsey of San Diego said, their delegation is for the continuance of the interim session. Our delegates and alternates had a caucus the other night. It was put to a vote as to what they wanted and there were about five people who wanted to continue the interim session. So I think I am correct in stating that the Los Angeles delegation is not in favor of continuing the interim session.

The objections that I have to it are principally that it's a burden, that there is not enough interest in the people who are the delegates to warrant the existence of such a thing. I wish every one of the delegates had the interest Dr. Magoon has. We'd have a House of Delegates then that wouldn't need to be instructed. They'd keep instructed. But I believe it is a burden and if it was continued as a trial and error matter for a few years, you'll find that the

attendance at the interim session will be very light. I oppose very much the continuance of the interim session.

SPEAKER CHARNOCK: Are there any others?

DR. O. R. MYERS (Humboldt County): I think our delegation has come the farthest of anyone and I have been coming for a good many years. In regard to the interim session, twelve months is a long period of time. There is a great deal of business transacted and it is becoming mandatory that this convention is gathering magnitude each year, so that during that period of twelve months we go back, we are busy, we don't read all of the reports that may be sent to us, and by a period of twelve months, we have forgotten a great deal of what was of vital importance and transacted at the last annual session.

By the interim session, a period of only six months, we keep up to date on it and we are informed of many of the things which should come before the House of Delegates. This last year the December meeting, I am sure, was an educational thing for many of us. We were able to take back to our county societies certain actions on the part of the House of Delegates, and then became better prepared on the annual session than we would have been had we not had that session in order to give us that information. I would like to see the interim session continued, and for a further reason if nothing else, I believe there is a large number of these delegates who would like to participate or at least see some and visit some of the scientific sections. As it is at the present time, most of the time is taken up at the House of Delegates. We sit here for long periods of time and probably not the best action is taken frequently on some very important resolutions on the part of the House of Delegates, because we've become fatigued mentally as well as physically. So our delegates in our county feel that we do like to see an interim session continued.

SPEAKER CHARNOCK: Are there any other discussants on this issue?

DR. ROBERT A. SCARBOROUGH (San Francisco): I would just like to bring out one practical point in favor of elimination of this interim session. The San Francisco delegation has met on several occasions to consider resolutions to be entered before this House, and after considerable debate and discussion, submitted four resolutions that will be presented later for action. The delegation furthermore, in meeting yesterday, decided that if the interim session were continued, the delegation would request that each and every one of those resolutions be considered as an emergency. I'm sure other delegations who have entered resolutions will feel the same way, and if we consider every resolution as an emergency and accept it as an emergency, we will have accomplished at this meeting all the work that might have to be done in December. Thank you.

DR. BURT DAVIS (Santa Clara): In the existing by-laws and constitution, there is an added burden put upon anyone who wishes to make his resolutions as an emergency. If you wish to take the chance of

having to buck the difficulties of getting a two-to-one vote on your resolution, then you can make it an emergency, and if the San Francisco delegation feels that by making them emergencies that they will take care of the resolutions at the present time, they will at the same time be putting a very strong block in the way of their own resolutions. I doubt if there is a single one of us who the first time he performed a procedure upon the patient, did the best job he thought was possible. I think that by putting in this by-law change and constitutional change, we are condemning and we are removing a very valuable adjunct to our society, and I would make a plea personally and for many for whom I speak that this be continued at least a year or two until we have had an opportunity to find out whether or not the matter is of value.

DR. HALLEY (Fresno): I served on reference committee No. 3 last interim session and subsequently and I haven't much that I can add to the things that have been said against it. However, we made a plea and it was public knowledge that anybody could correspond with reference committee No. 3 and give their views on this and that resolution, whichever interested them the most. I think in that length of time there were only three people that corresponded with us, and one of them was more or less by invitation to answer the problems represented in one of his resolutions. We are met to death. We have meetings for everything, so many meetings that a doctor goes home so weary every night he can hardly get back the next day, and while that may not concern us all at this particular moment, it makes the willingness of a man to serve as a delegate a lot less when you ask him to meet twice a year. You know when you are on one of these committees or when you come as a delegate without any further function to perform than to vote, you're going to have half the resolutions do not pass. It just seems like somebody is bound to get busy and spend a lot of time and make a lot of resolutions that haven't a great deal of merit. It does give a chance for a lot of this type of resolutions. I think the most important thing I have to say about the meeting last December was that it was apathetic in attendance and interest. We as a committee had no correspondence with you as delegates, and the things weren't particularly important to you until now. I think the biggest problem of it all is to get men who are willing to come here and also accept positions in the county societies and hospital staffs. I just think we're met to death. (Applause.)

DR. JOHN CLINE: I do not wish to speak strictly on this resolution. I was not present at the interim session last year and therefore I do not feel competent to really evaluate it, but I can tell you in the American Medical Association there is an increasing criticism of two sessions a year and it seems likely that the interim session of the American Medical Association will be eliminated within the next two or three years. (Applause.)

DR. LEON P. FOX (Santa Clara): Some of us do not realize it, but this association is multiplying

yearly. It's obviously physically impossible for us to consider all the business that is presented at these meetings in one session. Also, some of us would like to attend some of the scientific meetings of this organization, which of course at one session where we have business that is doubled to consider and conference meetings and also all sorts of other types of meetings, politically as well as administrative to consider, it is impossible for us to attend any scientific meetings. The very fact that this meeting has been carried on so orderly and we have been able to consider the business so thoroughly seems to me enough to urge us to continue the interim session, at least for a fair trial.

SPEAKER CHARNOCK: It requires a two-thirds affirmative. Those in favor of this—

DR. LESLIE MAGOON: Should the vote not be taken on the proposed amendment to avoid confusion rather than on the report?

SPEAKER CHARNOCK: Those in favor of this section of the report which will eliminate the interim session will please stand. . . . Those opposed will please stand. This section of the report has failed of election, failed to pass.

DR. ARTHUR KIRCHNER: At this time we'd like to consider an amendment, 2 (a), Chapter V, Section 7 of the By-Laws.

This refers to resolutions or other new business. This amendment clarifies the situation as to the time for introducing resolutions or other new business, since there are no written restrictions in the constitution or by-laws at the present time. At the same time, it will provide for the admission and consideration of real emergencies at any time. The committee desires to add the words "for that session" to the last sentence of subparagraph (d) of this amendment, which will then read as follows:

"The passage of such emergency resolution shall require a two-thirds affirmative vote of all members present and voting, and the action shall be final for that session."

The remainder of subparagraph (d) of this amendment shall be unchanged.

We recommend this amendment, as amended by your committee, do pass.

Mr. Speaker, I move the adoption of this section of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any debate?

DR. LYLE CRAIG: I would just like to explain the reason for this being as it is. Of course this resolution and amendment was obviously inserted to cover these two paragraphs. If the other one was lost, which we anticipated might very easily happen and did, the committee found by experience that at the very satisfactory hearings during the time of the convention, men would come and talk about resolutions and that we would form rather considered opinions before we left the convention; but after we got home we didn't get much help. So it is ob-

viously better to have the resolutions before the House and referred to the committee at the first meeting of the session so that the committee hearings will be of some value. Then inasmuch as there is a Chapter V, Section 9 of the constitution that provides that reports of committees—work reports—will continue, there must be some things reported to the committee. This will give you the privilege of acting upon resolutions or referring them back to the committee as you please. So we provided for the referring them back to committee or giving them to a special committee appointed by the Speaker.

Then the last paragraph of (d) is to make emergency resolutions go over a couple of hurdles if anybody wants to, as the San Francisco delegation wants to make all its resolutions emergency, so they do have to be acted upon. They have to get by the hurdle of a two-thirds vote to get them admitted. You remember at the last session in December we had two resolutions introduced as emergencies, voted down as emergencies and put in the hopper as routine, one of which was introduced in the last five minutes of the closing session. We felt that if a condition is a real emergency and delegates want to introduce a resolution as an emergency, they ought to be willing to let it go over these hurdles and not make it an emergency when it is not.

If you do that and let anybody introduce anything at any time and call it an emergency, it is voted on as an emergency, but not a routine resolution in the last five minutes. I wanted to explain why the thing is outlined in that way.

SPEAKER CHARNOCK: Is there any further discussion?

DR. LESLIE MAGOON: I am going to make one point because I think by adding those three words, the reference committee has to some extent defeated Dr. Craig's purpose. It is final for that session, but might come up again and be carried over to another session. The question occurred to me that those three words have not lain on the table for twenty-four hours; is the amendment in order?

SPEAKER CHARNOCK: I don't get your point.

DR. LESLIE MAGOON: Can a by-law amendment be amended by the committee without referring it to the table for twenty-four hours as a new proposal?

SPEAKER CHARNOCK: I will ask legal counsel.

MR. HASSARD: The same point presented by Dr. Magoon was asked of me by the reference committee. I stated to the reference committee that in my opinion the word "final" only bound the House that adopted the resolution. It could not be binding upon another House meeting at a future time, and that therefore the word "final" actually meant final for that session. Therefore, the addition of the words "for that session" is only a clarification, not a change in substance of the amendment that was on the table for twenty-four hours.

SPEAKER CHARNOCK: Does that satisfy you?

DR. MAGOON: Yes.

SPEAKER CHARNOCK: Are there any further questions? Any further discussion? Those in favor of

this section of the report signify by saying "aye." Those to the contrary? It is passed.

DR. ARTHUR KIRCHNER: Now we proceed with 2 (b), Article IV, Section 5 of the constitution.

This refers to the annual budget and expenditures. This amendment substitutes the word "regular" and inserts the word "annual" in its stead, so that the first sentence shall read as follows:

"At each Annual Session of the House of Delegates the Council shall submit to it an itemized budget stating the proposed expenditures of the Association for the ensuing year."

The remainder of Section 5 shall be unchanged.

This is a constitutional amendment which cannot be acted upon at this time.

SPEAKER CHARNOCK: We will proceed to lay it upon the table.

DR. ARTHUR KIRCHNER: We now go to amendment No. 3, submitted by Dr. Gibbons of San Francisco amending Chapter 5, Section 3 of the by-laws:

This refers to limitations on seating of delegates. The committee feels that the secretary of the Association should not have the power to select substitutes to act in place of elected delegates or alternates. Therefore, your committee recommends do not pass. This gives so much power to the secretary of the Association, it could be conceivable he could appoint a delegate from Los Angeles to serve for San Francisco. For that reason the committee recommends a do not pass.

Mr. Speaker, I move the adoption of this section of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded we accept this section of the report. This is, remember, a do not pass will nullify the amendment. All those in favor of this section of the report will signify by saying "aye." Those to the contrary?

. . . There being no further discussion, the motion was put to a vote and carried. . . .

DR. ARTHUR KIRCHNER: This is amendment No. 4, Chapter V, Sections 1 and 3 of the by-laws, and we would like to vote on both sections, 1 and then 3.

This refers to the seating of delegates and alternates.

Section 1 in this amendment permits any duly elected alternate to substitute for any delegate. At the end of Section 3 of the amendment, the committee wishes to add the words "unless the secretary of the Association has been given due notice of substitution at least fifteen (15) days in advance of the session," so that it will then read, "Only duly elected delegates or alternates may be seated at any session of the House of Delegates, unless the secretary of the Association has been given due notice of substitution at least fifteen (15) days in advance of the session."

The committee recommends do pass and I move the adoption of this part of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report do pass. Those

in favor signify by saying "aye." Contrary? It is passed.

DR. KIRCHNER: The committee believes that additional provisions should be made for the benefit of smaller county societies by permitting the seating of other members, upon due notice as representatives of such societies. Therefore we have added the provision "unless the secretary of the Association has been given due notice of substitution at least fifteen (15) days in advance of the session." While some county societies have requested a deadline as little as 24 hours prior to the session, the mechanical requirements of constituting the House of Delegates indicate that a fifteen (15) day time limit should prevail.

Your committee recommends the amendment as amended be passed.

Mr. Speaker, we move the adoption of this section of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion?

DR. WAYNE MCKEE (Humboldt County): I was a member of this committee, and when we discussed it we mentioned that we cut it down to five days. Now who changed it? My recollection was five days. Who changed it?

DR. ARTHUR KIRCHNER: That's true. The recommendation originally was five days. When we consulted the administrative staff of the California Medical Association, they told us that it would be impossible to constitute a House of Delegates on the basis of a five-day substitution, and that is why that substitution has been made and I'm sorry if I did not clarify that as I should have.

SPEAKER CHARNOCK: Those in favor of this section of the report as presented will signify by saying "aye." Those to the contrary? It is passed.

DR. KIRCHNER: The last amendment is amendment No. 5 introduced by Dr. Dozier of Sacramento, an amendment to Chapter X, Section 2 of the by-laws.

This amendment refers to the waiver of dues for older active members of the Association who do not qualify for retirement or may not desire retired membership but whose activities are limited because of advanced age or physical disability.

Your reference committee approves of the thought of granting a waiver of dues to members coming within the scope of the proposed amendment but feels that the language of the amendment is too inflexible. At the same time the committee believes the intent of the amendment can be realized by amending other sections of the by-laws and therefore offers as substitutes the following amendments to Chapter II, Section 4; and to Chapter X, Section 2 (b) of the by-laws.

The substituted amendment to Chapter II, Section 4, would add a new subsection (e) to read as follows:

"(e) Senior Memberships. The Council on recommendation of a component society may elect to Senior Membership those active members who have reached the age of 70 years and who have paid dues to the Association for a period of 20 years and whose practice is limited because of advanced age or physical disability."

As a companion amendment, the committee recommends that Chapter X, Section 2 (b) of the by-laws be amended by adding the words, "or Senior" so that the section would read: "Honorary or Senior members shall not be required to pay any dues or assessments, annual or special."

Now I know some of you are wondering what this is all about. The original motion seemed rather technical, but it seems that some of our senior members are employed by cities. If they were to go into retired positions, they would lose their position with the city or the hospital staffs. For that reason we recommend the amendment as amended by your committee do pass.

Mr. Speaker, I move the adoption of this section of the report.

SPEAKER CHARNOCK: Dr. Kirchner, we have been discussing this amendment with legal counsel, and the amendment your committee has presented has materially changed the amendment as presented by Dr. Dave Dozier, and we will rule that this change is so great that we cannot accept it. We will rule, if you still want to put this in, it will have to hold over for the interim session, and that the House may vote upon Dr. Dozier's amendment if it so desires.

DR. KIRCHNER: Mr. Speaker, I think we should submit Dr. Dozier's amendment for your discussion, and I would like to read it for you:

WHEREAS, Necessary costs of operation have compelled national, state and county medical societies in many instances to raise annual dues to increasingly large figures, the total of which may amount to a considerable sum; and

WHEREAS, Many senior members of our society still in active but limited practice desire to retain regular membership in the California Medical Association rather than accept classification as retired members; and

WHEREAS, In a certain number of instances because of curtailed practice, et cetera, this works an undue financial hardship on these members; and

WHEREAS, As our Constitution and By-Laws are now written, there is at present no legal manner by which either the Council of the C.M.A. or the House of Delegates can grant pecuniary relief to these older members who from time to time seek assistance; now, therefore, be it

Resolved, That the By-Laws of the California Medical Association be amended as follows:

Chapter X—Funds, Assessments, et cetera.
Section 2.—Dues.

A third sub-section be added to read as follows:

(c) Upon proper petition, the Council shall have

the right to waive all dues and assessments to any member who is known to be an honorable member of the California Medical Association and who

1. Has paid dues to the California Medical Association for a period of 35 years or more, or who

2. Has passed the age of 72 and paid dues to the California Medical Association for the preceding 20 years, or who

3. Presents satisfactory certification that he or she is at least 75 per cent disabled in the current fiscal year.

Such petition shall be in each instance accompanied by a letter of approval or endorsement by the directors of the member's local county medical society.

Your committee moves do pass, and I move the adoption of this portion of the report.

SPEAKER CHARNOCK: Is there a second?

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded we accept this amendment. Is there any discussion?

DR. WILBUR BAILEY: It most certainly is a good idea in general.

DR. LESLIE MAGOON: I was probably going to say the same thing that Dr. Bailey said. I think both the committee and Dr. Dozier have an excellent idea. I think both of them are incompletely worked out. I think they both will find on more consideration that other sections of the by-laws will have to be modified to describe the benefits. The way it goes with Senior Membership, do they have the privilege of active members, or are they limited to any extent?

I would move therefore that Dr. Dozier's proposed amendment and the tentative report of the reference committee be referred back to the reference committee for further consideration and later report.

. . . Motion seconded. . . .

DR. BAILEY: That's right. Exactly what I had in mind.

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report be referred back to the reference committee for treatment. Those who are in favor of this motion signify by saying "aye." The contrary? It is so done.

DR. KIRCHNER: I am sure you understand why we've had sort of an education in forty-eight hours here.

Mr. Speaker, I move the adoption of the report as a whole as amended.

. . . The motion was seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this report as amended. Those in favor signify by saying "aye." The contrary? It is passed. Thank you, Dr. Kirchner, and your committee.

DR. KIRCHNER: I want to thank Drs. Miller and McKee for their helpfulness on my committee.

SPEAKER CHARNOCK: It is now 5:30 Daylight Saving Time. Are you still strong? Do I hear a motion to recess?

... The motion was made and seconded that the House of Delegates recess. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we recess until 7:30. Those in favor signify by saying "aye." Those opposed? It is passed.

... The meeting recessed at 5:30 to reconvene at 7:30 p.m. . . .

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TUESDAY EVENING SESSION APRIL 29, 1952

The evening session of the House of Delegates of the 81st Annual Session of the California Medical Association was held in the Music Room of the Biltmore Hotel, Los Angeles, California, Tuesday, April 29, 1952. The meeting was called to order at 7:30 p.m. by the Speaker of the House, Dr. Donald Charnock, who presided.

SPEAKER CHARNOCK: Please be seated. The recess is long since terminated, and we are now constituted as a whole as a House of Delegates.

We will hear the report of reference committee No. 1.

REPORT OF REFERENCE COMMITTEE No. 1

DR. DOUGLASS H. BATTEN: Mr. Speaker, members of the House of Delegates: First I desire to express my deep gratitude to Dr. Roland Jantzen of Redding and to Dr. James W. Moore of Ventura for their excellent cooperation and assistance in the preparation of this report. I certainly should be remiss in my duty on this committee if I did not proclaim that we as a committee are deeply indebted to the efficiency and kindly guidance of the secretary, Mrs. Rooney, in her aid to us.

Section One:

This committee has carefully reviewed the report of the general officers as printed in the Annual Reports Bulletin, with the exception of the reports of the secretary, treasurer and executive secretary which are being reviewed by reference committee No. 2. The committee wishes to commend highly the President, Dr. H. Gordon MacLean, and the President-Elect, Dr. Lewis A. Alesen, for their unceasing activities in the past year in furthering the interests of the California Medical Association, and particularly for their time-consuming and often wearisome task of visitations to the local county societies. This committee feels that the visits to the local county societies by the officers of the California Medical Association are extremely valuable in that they put the membership at large in close contact with the problems confronting organized medicine. It is the opinion of the committee that these visitations should be continued each year.

Your committee recommends approval of the reports of the general officers.

Mr. Speaker, I move the adoption of this section of the report.

SPEAKER CHARNOCK: Is there a second?

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion? All those in favor signify by saying "aye." Those to the contrary? It is accepted.

DR. BATTEN: Section Two:

Your committee has reviewed the report of the Council and recommends its approval. The committee further wishes to commend the Council for its untiring work on behalf of the Association during the past year.

Mr. Speaker, I move the adoption of this section of our report.

SPEAKER CHARNOCK: Is there a second?

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion? Those who are in favor of this will signify by saying "aye." To the contrary? It is adopted.

DR. BATTEN: Section Three:

This committee has reviewed the reports of the chairman of the Executive Committee, and the report of the president of the Trustees of the California Medical Association and recommends approval of these reports.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion? Those in favor will signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Four:

The report of Dr. Dwight L. Wilbur, Editor of CALIFORNIA MEDICINE, and the report of the Editorial Board of CALIFORNIA MEDICINE, Dr. Dwight L. Wilbur, chairman, have been reviewed. This committee offers its high commendation for his continued excellent work in the conduct and guidance of policy of CALIFORNIA MEDICINE and in the continuing high caliber of our publication. This committee has been informed that the Council has approved the inclusion of the Section on General Practice on the Editorial Board. This committee is highly in favor of this long delayed move.

Your committee recommends the approval of the reports of the Editor and the Editorial Board.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. . . .

SPEAKER CHARNOCK: It is moved and seconded that we adopt this section of the report. Is there any discussion? Those in favor of adopting this section of the report will signify by saying "aye." Those opposed, "no." It is accepted.

DR. BATTEN: Section Five:

The committee has reviewed the reports of the District Councilors and of the Councilors-at-Large. The committee notes that in his report of the Tenth Councilor District, Dr. John W. Green has suggested

that members of the Woman's Auxiliary be invited to attend the joint meetings of the county medical societies and the officers of the state association when they are held in their respective counties. It is the feeling of this committee that the work of the Auxiliary would be more effective if the members of the Auxiliary were invited to hear the comments of the state officers when they make their local visitations.

The committee notes the statement of Dr. Wayne Pollock in his Eleventh Councilor report that doubt is raised as to the necessity or desirability of the annual visits of the C.M.A. officers to the local societies. This committee feels that these local visits are of great value even though time-consuming and expensive and should be continued as heretofore.

Your committee recommends the approval of the reports with the suggestion that the annual visits be continued.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report be accepted. Is there any discussion? Those in favor of accepting this section of the report will signify by saying "aye." Those opposed, "no." It is accepted.

DR. BATTEN: Section Six:

We have reviewed the report of the legal counsel and recommend its approval as far as it goes.

This committee requests that Mr. Hassard present to the House at this session a supplementary oral report concerning the legal matters on which developments have occurred since the writing of the original report which is printed in the Annual Reports Bulletin.

SPEAKER CHARNOCK: The Chair will now ask Mr. Hassard, legal counsel, to supplement this report.

SUPPLEMENTAL REPORT OF LEGAL COUNSEL

MR. HASSARD: Mr. Speaker, members of the House of Delegates: At the interim session in December, I submitted a supplemental verbal report covering pending litigation in four different states on the general subject of anti-trust and prepaid medical care. The report made in December is published in *CALIFORNIA MEDICINE*, in the February issue at pages 95 and 96, and I will not take the time of the House now to rehash that which was reported to you then, except to recall to your minds that in December, I reported on four separate cases, one in the State of Washington, one in the State of Oregon, one in Oklahoma and one in San Diego.

The one in the State of Washington was then complete, and there is nothing further to report. The decision that I reviewed for you in December was a final decision of the State Supreme Court in Washington.

The litigation in Oklahoma has not had anything occur since December that warrants further report to you at this time.

The other two, however, do warrant a further

detailed report to you. First, let me cover the litigation pending in San Diego. In December I reported that that case is really two cases in one. Originally, it was an action by Complete Service Bureau and several physicians who are employed by it against the San Diego County Medical Society and a number of individual physicians for two things; one, an injunction requiring the society to admit the physicians who work for Complete Service Bureau to membership in the society, and second, for damages, both being predicated on the California anti-trust law known as the Cartwright Act.

A second and separate part of the case is the counter-suit that was filed, after the original action was commenced, by the San Diego County Medical Society, and the same physicians who were sued in the original suit, seeking a court order terminating the activities of Complete Service Bureau on the ground that it, Complete Service Bureau, was unlawfully engaged in the practice of medicine without a license. The counter-suit raises the question which we might term corporate practice of medicine. That part has been tried before the trial judge and since December, the trial judge has reached his decision in the form of a thirty-nine page written opinion. The first part of the case is that involving claimed violations of the California anti-trust laws and has not as yet been tried.

Now, returning to the judge's decision in the counter-suit, our cross complaint was presented and predicated on the premise that the Complete Service Bureau and another corporation called Group Properties, Incorporated, which is a stock corporation and which owns the physical plant in which Complete Service Bureau operates, and Mr. Parmer the layman who is the manager of the Complete Service Bureau and the majority stockholder in Group Properties, Incorporated, are unlawfully practicing medicine.

There were two questions of law involved in our countersuit. First, do physicians in private practice have the right to maintain a legal action to enjoin unlawful practice by others, and second, if so, were Complete Service, Group Properties, Incorporated, and Mr. Parmer actually engaged in the unlawful corporate practice of medicine. The first issue which goes to the question of our right to sue at all was argued three times before the trial commenced, and on all three occasions, the trial judge issued rulings in our favor. However, when he decided the case after trial, he in effect reversed himself, and in his opinion, he frequently mentions that neither the Attorney General nor the Board of Medical Examiners have ever complained about the actions of the Complete Service Bureau or Mr. Parmer, and he expresses the opinion that physicians in private practice may not sue to enjoin unlawful practice by others, but that only governmental agencies such as the Board of Medical Examiners or the Attorney General may do so. He states that in other states it is frequently held by the Supreme Courts of the various states that attorneys, physicians and dentists have a property right in their licenses, and they may protect that

property right from invasion by enjoining unlawful practice. There are many, many cases on the point. I would say that more of them involve the practice of law than either medicine or dentistry, but the principle involved is the same for all three.

In California, however, there has never been a decision by our Supreme Court one way or the other as to whether you as physicians may protect your licenses against invasion by suing to enjoin unlawful practice.

On the second point, that is, were Complete Service, Group Properties, Incorporated, and Mr. Parmer unlawfully practicing medicine, the trial judge chose to follow a new era pattern. Historically, it can be described this way. Approximately a decade or so ago, articles began to appear in legal journals arguing that prepaid medical care by corporations was perfectly lawful, provided that the corporation would actually operate as a non-profit organization and without commercialization or exploitation. In the A.M.A. anti-trust cases of a decade ago, and also in one case in this state, the courts indicated that there was some merit to that contention, but in doing so, the judges stated that the type of organization that might through employment of physicians engage in the practice of medicine, were those that were actually of a benevolent or charitable or fraternal nature, and that did not solicit the general public for business.

In the San Diego action the trial judge chose to extend that idea and to say in effect, that if a corporation is in legal form non-profit, then no matter how it actually operates, it still must be considered to be non-profit in nature, and that such activity is in modern terms, lawful. He made—to my mind—the startling conclusion that it is the printed word that counts, not what you actually do. In reaching that conclusion, the trial judge also simply ignored the section of the Medical Practice Act, Section 2008 of the Business and Professions Code that expressly provides that no corporation, regardless of how it is formed and no artificial entity may engage in the practice of medicine. In reaching his conclusion, the trial judge near the end of his opinion made a comment that I believe is the key to the result that he reached that spells out his thinking, and that I believe warrants quotation to you in full because the implications in it are of terrific import to the future private practice of medicine.

Now quoting from the opinion of the trial court of San Diego:

“The reality of the whole thing, however, is that these voluntary organizations are here, they are a part of our times, and it may be as some of the witnesses think, that they are the answer to socialized medicine. Some believe that if we stopped them, we shall have to take the alternative, a system of state medicine financed through taxation. It is common knowledge and the medical profession and the courts are taking notice of the need for the type of service offered by these voluntary medical groups. Unquestionably, the distribution of these services has lagged far behind production. The enlightened attitude to-

wards new plans of medical service is to draw a distinction between practicing medicine and merely furnishing medical services, pointing out that while a corporation as such may make contracts and collect bills, it can hardly be conceived of as performing any one of the three acts which have been defined to constitute the practice of medicine; judging the nature of disease, determining an appropriate therapy and administering therapy. With a non-profit cooperative, the commercialization which is the most feared incident of corporate practice is eliminated and the danger of dividing a physician's loyalty is scotched by the fact that the employers are the patients. Moreover, while theoretically complete freedom of choice must necessarily suffer, it is probable that a member of a health association with a panel of doctors, perhaps ten in number, has as much actual freedom of choice as the ordinary individual under the present system.”

I think, and this is merely an opinion, that the judge overlooked the actual facts, that he overlooked the substance of what was being done, and that the commercialization he thought was not present is present. However, that is something that will be decided by others than me.

The point that I think is most significant is that the trial judge, realizing that he probably will be scrutinized by the Appellate Court, chose to make some new law. In his opinion he didn't undertake to say that what I just read to you has been the law in the past. He undertook to say that this is the new enlightened approach.

Again, let me say that that is a decision of the trial court. If an appeal is taken, what the Supreme Court will do with the case is something else again. Also, let me remind you again that the original suit relating to the anti-trust law has still to be tried.

Now turning to the fourth case, that is, the one that originated in Oregon, and which was an action by the United States through the Department of Justice against the Oregon State Medical Association and Oregon Physicians' Service and a flock of county societies in Oregon, and was predicated on the Sherman Anti-Trust Law. Probably most of you read in the newspapers last night and this morning that yesterday the Supreme Court of the United States, in a seven to one decision decided the case in favor of the Oregon State Medical Society and the other medical defendants. The one judge dissenting was Justice Black, and one judge, Justice Clark, did not take part in the case because he was an Attorney General at the time the action was started. Until the full opinion of the Supreme Court is available, which it will not be for a week or so here on the West Coast, it is impossible to draw any specific conclusions from the decision. All that I know at the moment is my knowledge of the facts as presented in the trial and my knowledge of the written briefs and oral argument before the United States Supreme Court and what I read in the newspapers. Putting those together, I could surmise that the United States Supreme Court held that the medical profession in undertaking its own prepayment plans

is not violating the anti-trust laws, and that the medical profession in refusing as individual physicians to be forced into a service plan operated by third parties other than the physicians' own plan, is likewise not violating the Sherman Anti-Trust Act.

However, please bear in mind that is conjecture on my part at this moment because to determine actually what the reasoning of the court was to reach its conclusion, the opinion will have to be read. But at least we know that there is an instance in which the United States Supreme Court has now held in favor of medicine on the issues that are involved in these matters. Thank you. (Applause.)

SPEAKER CHARNOCK: Thank you, Mr. Hassard.

DR. BATTEN: Legal counsel should be commended for their excellent work they have done in safeguarding the principles upon which the private practice of medicine has been founded and their continued efforts on behalf of the California Medical Association are deeply appreciated.

Your committee recommends the approval of the report of legal counsel and the supplemental oral report as given on the floor of the House.

Mr. Speaker, I move the adoption of this section of our report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report be accepted. Is there any discussion? Those in favor of the acceptance signify by saying "aye." To the contrary "no." It is accepted.

DR. BATTEN: Section Seven:

Your committee has reviewed the reports of the following standing and special committees: Executive Committee, Committee on Associated Societies and Technical Groups, Auditing Committee, Committee on Hospitals, Dispensaries and Clinics, Committee on Industrial Practice, Committee on Medical Defense, Committee on Medical Economics, Committee on Military Affairs and Civil Defense, Physicians' Benevolence Committee, Committee on Scientific Work, Advisory Planning Committee, C.P.S.-C.M.A. Liaison Committee and the Committee on Rural Medical Service.

Your Committee recommends approval of these reports.

Mr. Speaker, I move the adoption of this section of our report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we approve this section of the report. Is there any discussion? Those in favor will signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Eight:

The committee has reviewed the report of the Committee on History and Obituaries. The committee feels that the recommendations made by Dr. Powell, concerning the establishment of an active committee in each component county medical society to complete and to send to the state association secretary a reasonably complete biography of each

deceased member are of great importance. Our committee recommends that the Council take appropriate steps to urge each component county society to follow this recommendation.

Our committee recommends approval of the report.

Mr. Speaker, I move the adoption of this section of our report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion? Those who are in favor signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Nine:

This committee has reviewed the report of the Committee on Postgraduate Activities and wishes to recommend its approval. The committee also wishes to commend Dr. Rosenow and the other members of the committee and Dr. Broadus for their excellent work in establishing postgraduate courses throughout the state of California.

Our committee recommends the approval of this report.

Mr. Speaker, I move the adoption of this section of our report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Ten:

The report of the Committee on Medical Education and Medical Institutions was carefully studied. Our committee recommends the approval of this report as printed in the Annual Reports Bulletin, and recommends that Council take immediate and appropriate action concerning the problems presented in the report.

Mr. Speaker, I move the adoption of this section of our report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor of accepting this section of the report signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Eleven:

This reference committee recommends the approval of the oral report of Dr. Dwight Murray for the Committee on Public Policy and Legislation. The committee feels that Dr. Murray should be highly commended for his continuing efforts in behalf of organized medicine and the excellent work done by him and his committee members.

Mr. Speaker, I move the adoption of this section of our report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is

there any discussion? Those in favor of accepting this section of the report will signify by saying "aye." Those to the contrary? It is accepted.

DR. BATTEN: Section Twelve:

This committee has reviewed the report of the Committee on Public Relations and the supplementary report given on the floor of the house. Your committee commends Mr. Clancy and his committee for the very good work they are doing in the public relations field.

Our committee recommends approval of these reports.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Thirteen:

Your committee has reviewed the report of the Cancer Commission as printed in the Annual Reports Bulletin and the supplementary report as given on the floor of the House. Your committee recommends approval of both reports.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor will signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Section Fourteen:

Your committee has reviewed the report of the C.M.A. Blood Bank Commission. We wish to congratulate the Blood Bank Commission on the fact that the lifeline of California as represented by the chain of blood banks throughout the state has now been completed. We feel that the members of the Blood Bank Commission all have done excellent work, and that in particular Dr. John B. Upton, chairman, should be congratulated and commended for the tremendous amount of time and work that he has devoted to this project.

We recommend approval of the report of the Blood Bank Commission.

Mr. Speaker, I move the adoption of this section of the report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: This committee has reviewed the report of the Committee on Industrial Health together with a new report containing a rewording of the final two paragraphs. The committee recommends approval of this report.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion? Those in favor signify by saying "aye." The contrary, "no." It is accepted.

DR. BATTEN: Section Sixteen:

We have carefully reviewed the report of the C.M.A.-C.P.S. Fee Schedule Committee, better known as the Committee of Eight. The committee also reviewed the supplementary report presented by Dr. Burnham at the Sunday session of the House of Delegates. It is the recommendation of this committee that these reports be approved.

In making this recommendation, the reference committee understands that the fee schedule as originally presented to the House of Delegates, C.M.A., December, 1951, is not specifically approved or disapproved but remains in committee for their further action.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report be accepted. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is passed.

DR. BATTEN: Section Seventeen:

This committee has reviewed the report of the C.M.A.-C.P.S. Study Committee as presented before the House of Delegates on Sunday, April 27. We are impressed with the vast amount of time and effort that this study committee has spent on the problems which confronted them and in the preparation of the report.

This committee recognizes that this is an interim report. We recommend the approval of the report as a whole and particularly the five specific recommendations contained therein. This committee strongly advises that this report of the C.P.S. Study Committee be transmitted forthwith to the Council for immediate action on the five specific recommendations.

This committee feels that the C.P.S. Study Committee is to be heartily commended for its efforts and accomplishments to date and it is our recommendation that the committee continue their very good work.

Mr. Speaker, I move the adoption of this section of our report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is accepted.

DR. BATTEN: Mr. Speaker, I move the adoption of the report as a whole.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt the report as a whole, as amended by legal counsel. All those in favor of accepting this report as a whole signify by saying "aye." To the contrary, "no." It is accepted.

SPEAKER CHARNOCK: Thank you, Dr. Batten, and your committee.

We will now have the report of Reference Committee No. 2.

REPORT OF REFERENCE COMMITTEE No. 2

DR. STANLEY TRUMAN, Chairman: Mr. Speaker and members of the House of Delegates: The committee considered the report of the Secretary, Dr. Albert C. Daniels, and wishes to commend him for his excellent work in behalf of the Association, particularly in setting up the excellent scientific sessions at both the interim and annual meetings, and in addition to his regular duties as secretary of the Association. The committee has no additions or corrections to make in the Secretary's report, and therefore, Mr. Speaker, we recommend the adoption of the report as printed in the Annual Reports Bulletin.

Mr. Speaker, I move the adoption of this section of the committee's report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the report. Is there any discussion? Those in favor will signify by saying "aye." Those opposed, "no." It is accepted.

DR. TRUMAN: The committee considered the report of the Executive Secretary, Mr. John Hunton, and wishes to commend the Executive Secretary for the excellence of his report. We wish to express to him our appreciation of his efforts in our behalf. We consider ourselves most fortunate in having such a capable and loyal administrator. The committee hopes that all members of the House of Delegates will study the report of the Executive Secretary if they have not already done so, as it is a most effective analysis in a few words of the many activities of the California Medical Association for the past year. The committee has no additions or corrections to make in the Executive Secretary's report, and therefore Mr. Speaker, I move the adoption of the report as printed in the Annual Reports Bulletin.

Mr. Speaker, I move the adoption of this section of the committee's report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept this section of the committee's report. Is there any discussion? Those in favor signify by saying "aye." Those to the contrary, "no." It is accepted.

DR. TRUMAN: The committee considered the report of the Treasurer which consists primarily of audited accounts submitted by John F. Forbes and Company, Certified Public Accountants. This report has been published and has been in your hands for several days. The committee finds the financial report to be in order, and therefore, Mr. Speaker, we recommend its adoption.

Mr. Speaker, I move the adoption of this section of the committee's report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion? Those in favor of adopting this section of the report signify by saying "aye." To the contrary, "no." It is accepted.

DR. TRUMAN: The committee considered the annual budget proposed for the fiscal year 1952-1953 as formulated by the Auditing Committee. Each member has a copy in hand. Those have been passed around. The committee considered the budget item by item. You will notice that the general income and expenditures are separated from the income and expenditures of CALIFORNIA MEDICINE. It is suggested by the committee that some of these items may need explanation. The proposed budget is predicated on annual dues of \$40 per active member per year. Item 1 would be the item from the annual dues. Item 2 would be the income from the annual session, which means the income from exhibitors. It might be called to the delegates' attention that the exhibitors are pleased when members of the House of Delegates particularly, and the membership of the California Medical Association show interest in their exhibits. This is one of the easiest ways we can assist our organization in financing its program.

Skipping down to some other significant items, I think many of these are self-explanatory. Number 12, salaries. The committee investigated and convinced itself that adequate increases in salary had been given to members of the staff as a reward for their efforts on our behalf. We felt that these were justified and had been taken care of.

Item 22, Cancer Commission. You will notice an increase of a considerable amount. This has been done because the Public Health Service has been contributing a certain amount to the Cancer Commission work. This amount will not be utilized in the future, and so the California Medical Association and the Cancer Commission are financing this entire program.

Items 26 and 27 are actually public relations together, and Item 26 is included in a \$9,000 item, a retainer fee for the firm of Whitaker and Baxter. I do not believe that this organization has had the opportunity of meeting the high-powered public relations personnel that we are fortunate enough to have on our staff, and I think that you would appreciate the opportunity of having these capable men introduced to you, and I think it would be appropriate if I step aside and ask our Executive Secretary, Mr. John Hunton, to introduce them to you at this time.

EXECUTIVE SECRETARY HUNTON: It is a pleasure to introduce to you the personnel of our public relations department. Mr. Ed Clancy, the director of that department, is a former newspaper publisher, a man who has been associated with the field of public relations work for a period of about twenty-five years. Before coming to the California Medical Association, he was employed by Whitaker and Baxter for a period of three years in charge of the campaign put on by Whitaker and Baxter for the C.M.A. Mr. Clancy, stand up, please. (Applause.)

Seated next to Mr. Clancy is Mr. Glenn Gillette who is Mr. Clancy's right hand man in Northern California. Mr. Gillette likewise was employed by Whitaker and Baxter before coming to the C.M.A. He likewise worked on our campaign in 1946 and '47 when the going was rough, and when the campaign was over and his services were no longer needed there, he was grabbed up by the Fresno County Medical Society as executive secretary. He served in that capacity for approximately three years, up to the time we started our own program, and at which time we felt very fortunate to secure his services. Glenn, will you take a bow. (Applause.)

Last, but by no means least, Mr. Jerry Pettis. Before coming to the C.M.A. he was for ten years associated with United Airlines—for six years of that time as a pilot, where he was checked out to fly every type of equipment that United operates. For the last four years of that time he was a special assistant to the president of United Airlines, Mr. William Patterson, in which capacity he represented Mr. Patterson and the company as a front man, a public relations man, not only throughout the United States, but throughout the world. Many of you who have been associated with the programs, the postgraduate programs of the College of Medical Evangelists, are aware of the fact that for the past five years Jerry Pettis has handled the publicity and the public relations of that postgraduate institute and has done a splendid job. This year we were very happy to lend him again to the school's alumni committee to do a job, and the telegrams and letters we received from the officers of the school were glowing in their praise for what Jerry had done. He is associated with Mr. Clancy in our Southern California office, and is covering the Southern California counties, eleven or twelve of them. Jerry, will you stand up, please. (Applause.)

I didn't know Dr. Truman was going to call on me. He took me by surprise, but I would like to add a word of my own at the same time. When we started this program—Mr. Pettis and Mr. Gillette came with us on September 1 of last year—it was my belief that it would take us approximately twelve months to work out any kind of grass roots program throughout the county medical societies under which we could really start to make some progress. We have debated this question for about three years in this House of Delegates, as to whether or not public relations should be handled within or without the Association. Starting from scratch last September 1, it was my initial belief that we would take at least twelve months to work up something that we would really market, that we could sell to the county medical societies and then sell to the public. I frankly have been amazed at the speed with which these men have been able to work up a program, to take it to the county societies and put it into effect.

Last Friday we held a meeting of the Advisory Planning Committee at which the executive secretaries of nine of our county medical societies were present. I took that occasion to go around the room to ask every man what he thought of the program

we had developed, whether or not he thought it was effective within his own county, whether or not he thought it was capable of further development and utilization through the county societies to carry the message of medicine to the public. The answer was unanimous. I don't think I need say any more. (Applause.)

DR. TRUMAN: Thank you very much, Mr. Hunton. This was a spontaneous idea of my own. I think you will not regret this opportunity to meet these men.

Are there any questions about the budget?

DR. RICE: I rise to a point of order. I'd like to have this answered if it could be by one of the members of the Council. This really is three questions in one. Is this \$9,000 any cut over last year's expenditure for Whitaker and Baxter? And second, what are we going to get in 1952 and '53 for our \$9,000 for Whitaker and Baxter? Three, does the Council as a whole—what does the Council feel? Do they feel that this \$9,000 should be spent this way rather than adding to our own public relations group that we have started?

DR. SIDNEY J. SHIPMAN: The function of Whitaker and Baxter is entirely distinct from the function of our own Advisory Planning Committee. To answer your first question: No, the \$9,000 represents no reduction. It represents a sum similar to that which we spent last year. Those of you who have been in the House and associated with the C.M.A. for any length of time will recall the work which Whitaker and Baxter did for us when we were in real trouble up in Sacramento. They played a large part in saving the private practice of medicine for us. At the present time, the heat is off at Sacramento, but it is a fact that we may expect difficulty there in a legislative way. I'm sorry Dr. Murray had to leave because he intended to present this himself. It may be Mr. Hassard can add a few words. The fact is there may be an initiative in the fall for which we'll need the services of Whitaker and Baxter and there are various other things: the clipping service, which is valuable, especially in papers in small towns, which I see frequently; and we also have the privilege of consulting with Whitaker and Baxter, which we do about twice a month. Clem comes over and sees me or I see him and frequently we are in touch on the telephone over matters on which they can give us advice. The question has come up as to whether they are worth \$9,000 a year to us. I think they are. I've talked to various officers of the Association about it and I've talked it over with Whitaker and Baxter themselves and I've talked it over with our employees. It would be idle to think that they could duplicate the service which you have just heard about from Mr. Hunton. They don't plan to. Neither could our own group duplicate the service which Whitaker and Baxter have given us. In a certain sense they stand by as an attorney might stand by if you put him on a retainer so you could call upon him in time of emergency. We expect that service from Whitaker and Baxter. I think myself that

their fee is reasonable. It might be it could be reduced somewhat. We might make that attempt. Does that answer your question?

DR. RICE: Yes.

DR. SIDNEY SHIPMAN: Now I would like to amend the report of the budget committee in one respect. We had a letter, Mr. Hunton had a letter dated April 22, 1952, from Dr. Frank Long, the secretary of the Sonoma County Medical Society, in which he said, "We have one member who is truly in a situation of hardship because of moving his practice and the fact that he is just making a start. He has been in practice less than one year, and in accordance with our by-laws, Chapter X, Section 3, Paragraph A, a reduction of dues for such members of 25 per cent of the usual amount may be made by the House of Delegates. We hereby ask this allowance be made for this particular doctor."

Now that can be done. The Council couldn't do it. You people have to do it. It can be done in accordance with Section III, Chapter X, which provides that the House of Delegates may reduce the annual dues of active members as follows:

"(a) Those who have been in practice for less than one year may be reduced to one-fourth of the regular dues. Those who have been in practice for less than two years and those who have been practicing for three years, three-quarters."

I would like to make this apply not only to this particular case, but any other cases of hardship which would come up.

I therefore move this amendment be adopted.

SPEAKER CHARNOCK: Is there a second to this amendment?

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that this amendment be attached to the report of reference committee No. 2. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is amended.

DR. TRUMAN: Are there any other questions or clarifications of the budget desired from the members of the House? The proposed budget is predicated on annual dues of \$40 per year per active member. The committee feels it is entirely satisfactory.

Therefore, Mr. Speaker, we recommend the adoption of the annual dues of \$40. I move the adoption of this section of the committee's report as amended.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report as amended. Is there any discussion? Those in favor signify by saying "aye." The contrary, "no." It is accepted.

DR. TRUMAN: I want to thank the members of the committee, Drs. John C. Ruddock and Samuel B. Randall for their assistance, and to thank the members who appeared before the committee with their intelligent and interested comments, suggestions and questions. I should like at this time to tell you

that over a dozen members appeared before this reference committee. Last year one appeared, and the previous three or four years, none appeared. I think this is an example of an increase of interest and activity in the part of the membership that is to be highly commended.

I move the adoption of the report of the reference committee No. 2 as a whole as amended.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that we accept the report of reference committee No. 2 as amended. Is there any discussion? All those in favor signify by saying "aye." To the contrary, "no." It is accepted.

SPEAKER CHARNOCK: We will now have the report of reference committee No. 3.

In a new amendment to the by-laws passed earlier in the evening, it is possible for anybody to designate a resolution which they have presented as an emergency resolution. This requires a two-thirds vote of the House. As Dr. Bailey reports these resolutions, those of you who wish to designate them as emergencies may do so.

REPORT OF REFERENCE COMMITTEE No. 3

DR. E. C. HALLEY: Mr. Speaker and members of the House of Delegates: Your reference committee, composed of Drs. E. C. Rosenow, Jr., Francis Rochex and myself as chairman, received from the House of Delegates a total of 17 resolutions at the meeting of April 27. Four of these were declared emergencies.

Two resolutions, numbers 13 and 14 as introduced by Dr. J. B. McCarthy of Monterey, were withdrawn at his request after discussion provided evidence that vigorous action is already being taken to clear those abuses which led to the drafting of these resolutions.

I would like to thank the other members of the committee for their excellent help in the work of reference committee No. 3. I also wish to thank Mr. Hassard who advised us on many matters, and I would like to thank also Miss Laughlin in Mr. Hunton's office who helped us very, very much.

The committee received a total of 17 resolutions at the meeting of April 27. Four of these were declared emergency resolutions when they were introduced by the authors. Since four of these have been declared emergency resolutions and with your action this afternoon, presumably those are the only four resolutions this committee has to take any definitive action on tonight unless others are so declared as emergencies.

It is therefore the recommendation of our committee that in view of the fact that the House has decided to continue the interim session and Committee No. 3 is required to make a written report and such report is in your hands, it is therefore our recommendation that the remainder of the resolutions not acted upon tonight be returned to our committee for further study and report back in December or the next meeting.

Resolution No. 1 was introduced as an emergency resolution and was introduced by Dr. Sidney Shipman at the instance of the Council and was declared an emergency. This resolution refers to the program that is already under way between representatives of the osteopathic and the medical professions to amalgamate the two professions for the eventual benefit of the public.

Your committee recommends that this resolution do pass.

Mr. Speaker, I move the adoption of this section of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It is moved and seconded that we adopt this section of the report. Is there any discussion? This will require a two-thirds vote. Those in favor of the acceptance of resolution No. 1 will signify by saying "aye." Those opposed, "no." It is passed.

DR. HALLEY: Resolution No. 2 was introduced by Joseph W. Telford for the San Diego delegation and was declared an emergency. This resolution pertains to the great number of vacancies in hospital internships and provides a suggestion that the American Medical Association restate and reevaluate their policy regarding the establishment of internships and residencies.

While the committee realizes that many aspects of this problem cannot be covered by the resolution, the intent is a favorable one for the adequate medical and hospital care of the public. Your committee recommends that the fourth paragraph be deleted and hereby submits the following amended resolution:

WHEREAS, The number of internships and residencies now exceeds the number of physicians available for these positions; and

WHEREAS, This situation is now creating a problem of adequate medical coverage in many hospitals; and

WHEREAS, The employment of physicians to cover services where interns and/or residents are not available is creating a policy which jeopardizes the training program; and

WHEREAS, The number of residencies and internships available seems to be increased by the continuing demands of hospitals for larger staffs and the creation of additional vacancies by some hospitals that do not offer the fullest training; now, therefore, be it

Resolved, That this House of Delegates instruct the Delegates to the A.M.A. to present a resolution for immediate restudy and reevaluation of the policy of establishing residencies and internships toward the purpose of correcting the gross imbalance between the large number of established residencies and internships and the number of physicians available to fill them, and that this discrepancy be corrected as soon as possible.

Mr. Speaker, your committee recommends that this amended resolution do pass.

Mr. Speaker, I move the adoption of this section of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this section of the report. Is there any discussion? Those in favor of this section will signify by saying "aye." To the contrary, "no." It is accepted.

DR. HALLEY: Resolution No. 8 was introduced by Burt Davis of Santa Clara County, as an emergency resolution. This resolution refers to the problem of providing medical care for servicemen's dependents. A similar resolution to this was passed last year by the C.M.A. House of Delegates. The committee is in sympathy with the aims and principles incorporated in this resolution, but inasmuch as a similar resolution was passed last year and is the policy of the C.M.A., we feel that it is unnecessary to adopt this resolution again. We therefore recommend it do not pass.

Mr. Speaker, I move the adoption of this section of our report.

SPEAKER CHARNOCK: It has been moved and seconded that this report do not pass. Is there any discussion?

DR. LESLIE MAGOON: I rise to a point of order to correct a situation that is going to get out of hand. The adoption of this resolution requires a two-thirds majority. By phrasing their recommendation in the negative, it would require only a one-third minority to accept the report of the committee. Should it not properly be taken on the amendment, rather than on the report?

SPEAKER CHARNOCK: That's well taken, and we will take it on the resolution itself rather than on the report of the reference committee. Those who are in favor of resolution No. 8 will signify by saying "aye." The contrary, "no." It is defeated.

DR. HALLEY: Resolution No. 5 was introduced by J. B. McCarthy for the Monterey County Medical Society as an emergency resolution. This refers to the simplification of C.P.S. contracts.

Inasmuch as the C.P.S. Study Committee is actively engaged in a study of all aspects of C.P.S., including the type of policies written, your committee feels that the intent of this resolution has already been met by the resolution setting up the C.P.S. Study Committee and we recommend that the House refer this resolution to the C.P.S. Study Committee.

Mr. Speaker, I move the adoption of this section of the report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: There has been a motion to refer. It requires only a majority vote. Those in favor of this action of the report signify by saying "aye." To the contrary? It is referred to the C.P.S. Study Committee.

DR. HALLEY: Well, Mr. Speaker, as I understand it, that completes the resolutions that we have to entertain at this moment unless by further order they are declared emergencies.

SPEAKER CHARNOCK: You stand by for a minute. Some of the other motions are to be declared emergencies.

DR. WALTER BECKH (San Francisco County): This concerns resolution No. 6 originally introduced by Henry Gibbons who has been taken ill and for whom I speak. The Crippled Children's Act resolution as you will recall charged the Council to take action to correct certain abuses that we have been aware of for some time. When this resolution was originally being made ready for the House of Delegates, there appeared no particular element of emergency about it because these things have been going on for some time. However, those of you who heard Dr. Dwight Murray yesterday, heard that the Legislature is concerning itself actively with the Crippled Children's Act and what is wrong with it. I discussed the matter with Dwight Murray before he took his train a little while ago and he was most emphatic, that the passage of this resolution at this time was most urgent in order to acquaint the Legislature with the fact that the medical organization at large is concerned with the matter, and it is for this reason that I ask you to declare this an emergency measure.

SPEAKER CHARNOCK: Mr. Hassard, will you answer a question whether or not the material in this resolution is to be studied by the interim committee?

MR. HASSARD: Yes, it is, as I understand it. The Assembly Interim Committee on Public Health intended to conduct in the next few months a study of all phases of the crippled children's services under the present Crippled Children's Act, and the administrative regulations thereunder.

SPEAKER CHARNOCK: I'm wondering then if perhaps we could just let this go as a regular resolution and allow the report of the committee to guide us on this.

DR. WALTER BECKH: Dr. Murray felt an expression of the House of Delegates as a whole was very much in order.

SPEAKER CHARNOCK: Dr. Halley, will you proceed as an emergency resolution?

DR. HALLEY: Handle it as an emergency resolution.

MR. HASSARD: Excuse me, Mr. Speaker. It is confusing. Because the House amended the by-laws earlier today, you have a new by-law provision. This is the first time it's come into play. This was just adopted a few hours ago. "At every meeting, at any session of the House of Delegates, the Speaker shall designate a time at which any member may request the permission of the House to introduce an emergency resolution for immediate consideration." If I may interrupt there, the Speaker a few moments ago designated this as the time. "Such permission shall require a two-thirds affirmative vote of the members of the House present and voting. Such permission having been granted, the resolution must be acted upon during that session of the House, and the Speaker may if necessary and at his discretion,

waive the rule of referring the resolution to a committee. The passage of such emergency resolution shall require a two-thirds affirmative vote of all members present and voting." So that you have to vote twice in order to enact an emergency resolution; first to hear it, and then to act upon it.

SPEAKER CHARNOCK: Thank you, Mr. Hassard. Dr. Beckh has moved this become an emergency resolution. Is there a second? It has been moved and seconded that resolution No. 6 be designated an emergency resolution. Those in favor will signify by saying "aye." To the contrary? It is declared an emergency.

DR. HALLEY: Resolution No. 6. Resolution No. 6 was introduced by Henry Gibbons III, of San Francisco. This refers to the Crippled Children's Act wherein the Council is instructed to institute negotiations with the California State Department of Public Health with a view toward eliminating the elastic economic and medical standards and eliminating other abusive practices.

The committee feels that there are widespread abuses of this act wherein an ever expanding group of conditions are considered to be under this act and wherein the economic status of the patient is ignored and wherein the patient is deprived of his free choice of physician by an arbitrary, bureaucratic set of rules. We agree with the resolution that these abusive practices have rendered the Crippled Children's Act an entering wedge for socialized medicine and we are also in sympathy with the need for vigilance and that such negotiations and consultations be of a periodic order. We therefore recommend a do pass.

Mr. Speaker, I move the adoption of this section of the report.

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion?

DR. BURT DAVIS: I have an amendment to an emergency resolution. Is it in order? I should like to amend the resolution to add the following two paragraphs: First:

Resolved, That the House of Delegates of the California Medical Association hereby reaffirms its stand taken in 1951. The Crippled Children's Act as largely financed by the state and local governments is a state and local affair, and should not be subject to federal control or direction.

The second paragraph,

That the House of Delegates of the California Medical Association instruct the secretary of the Association to express its appreciation to respective committees of the California State Legislature which have recognized and are considering this problem and offer any assistance within the power of the Association which these committees may request in order that this practice may be eliminated.

SPEAKER CHARNOCK: Is there a second to this amendment?

... Motion seconded. ...

SPEAKER CHARNOCK: It has been moved and seconded that this amendment be made. Is there any discussion? Those in favor signify by saying "aye." Those to the contrary? It is passed.

SPEAKER CHARNOCK: We now have before us the resolution as amended that has been moved and seconded. Is there any discussion? Those in favor of the resolution as amended will signify by saying "aye." To the contrary? It is passed.

SPEAKER CHARNOCK: May we have a copy of that amendment, please?

Are there any further resolutions whose proponents wish to make emergencies?

DR. DONALD CAMPBELL (San Francisco County): Mr. Speaker and Delegates, because of the illness of Dr. Henry Gibbons III and the absence of Dr. Rochex who was supposed to talk about this resolution, they have asked me as a delegate and secretary and treasurer of the San Francisco County Society to say a few words to declare resolution No. 7 an emergency.

We have an unusual condition in the North that I believe you in the South do not have. Our labor unions are very active and strong, and they have written certain contracts that expire I believe in July and August, and because of the possible action that they may take, we in San Francisco and the delegation believe that this resolution if passed as an emergency would help us no end. So I hereby declare this an emergency resolution. Thank you.

SPEAKER CHARNOCK: Dr. Campbell has moved resolution No. 7 to be declared an emergency. Is there a second?

. . . Motion seconded. . . .

SPEAKER CHARNOCK: Is there any discussion on this? Those in favor of declaring resolution No. 7 an emergency will signify by saying "aye." To the contrary? It is so declared.

DR. HALLEY: Resolution No. 7. This refers to voluntary health insurance and the formation of a commission for the integration and study of all aspects of prepaid medical care, including C.P.S., insurance company plans, industrial accident schedules, and union labor plans.

Your committee proposes an amendment to the resolution changing the title of the commission created from "Prepaid Medical Care Commission" to "Medical Services Commission."

Your committee calls to your attention the fact that on Sunday the House adopted a resolution directing the Council to create a special committee whose functions are somewhat parallel to the functions contemplated by this resolution. To avoid duplication of effort it is this committee's recommendation that in carrying out the resolution adopted Sunday, the Council appoint to the special committee the same persons that are appointed as the first members of the Medical Service Commission so that the same people may have before them the entire subject matter.

It is our understanding that the formation of this commission will in no way change the status of the

C.P.S. Study Committee which is at present working on special problems, while this is a permanent commission for the integration and study of improvement to all forms of medical service.

Your committee recommends that this amended resolution do pass.

Mr. Speaker, I move the adoption of this section of this report.

. . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that this section of the report be adopted. Is there any discussion? Those in favor will signify by saying "aye." To the contrary, "no." It is adopted.

SPEAKER CHARNOCK: Is there any other?

DR. WILBUR BAILEY: Mr. Speaker, resolution No. 11 was introduced by me on page 4, not in my official capacity as chairman of the Los Angeles delegation, but because both Dr. Regan and Mr. Hassard asked me to introduce it. As you may know, the Board of Medical Examiners is included under the Business and Professions Code along with embalmers and the pest control inspectors and the mattress inspectors and the osteopathic and chiropractic people and dentists who have their own board, and we're rightly jealous. Anyhow, this will implement and make the board a little more powerful and make us a little more powerful when it comes to some of the problems we've just recently had. So I think it would be better if we, after talking to Mr. Hassard called it "Amending the Medical Practice Act to establish procedures consistent with due process of law, under which the Board of Medical Examiners can discipline physicians guilty of gross immorality or acts involving moral turpitude, and

"Amending the Medical Practice Act to strengthen the autonomy and enforcement powers of the Board of Medical Examiners."

Therefore I declare it an emergency so we are able to get it before the next Legislature.

SPEAKER CHARNOCK: Dr. Bailey has moved that resolution 11 be declared an emergency. Is there a second?

. . . Motion seconded. . . .

SPEAKER CHARNOCK: Is there any discussion? Those in favor of declaring this an emergency will signify by saying "aye." To the contrary, "no." It is declared an emergency.

DR. HALLEY: Resolution No. 11, introduced by Wilbur Bailey of Los Angeles County. This resolution concerns increasing the autonomy and ability of the State Board of Medical Examiners to enforce the Medical Practice Act.

After consideration, we felt that the original resolution could be strengthened by restatement and accordingly we propose a substitute resolution as follows:

Resolved, That the Committee on Public Policy and Legislation be directed to confer with the State Board of Medical Examiners and to develop legislation designed to accomplish the following:

1. Amending the Medical Practice Act to establish procedures, consistent with due process of law,

under which the Board of Medical Examiners can discipline physicians guilty of gross immorality or acts involving moral turpitude, and

2. Amending the Medical Practice Act to strengthen the autonomy and enforcement powers of the Board of Medical Examiners.

The committee feels that the intent of the original resolution is incorporated and is further extended and strengthened by the substitute resolution and we therefore urge a do pass.

Mr. Speaker, I move the adoption of this section of the report.

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded we adopt this section of the report. Is there any discussion? Those in favor of adopting resolution No. 11 will signify by saying "aye." To the contrary, "no." It is adopted.

SPEAKER CHARNOCK: Are there any other proponents of resolutions who would like a hearing?

DR. HALLEY: Well, in conclusion I want to again thank the members of our committee. I wish to thank all the members of the House who appeared before the committee either for or against these resolutions, and it has been a great experience to have been here.

Mr. Speaker, I move the adoption of this amended report as a whole.

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded we adopt this report as a whole, as amended. Is there any discussion? Those in favor signify by saying "aye." To the contrary, "no." It is adopted.

SPEAKER CHARNOCK: Unfinished business. The secretary reports no unfinished business. Under new business the secretary has this emergency resolution the Pathological Section wishes. Will you please read it?

SECRETARY DANIELS: Mr. Speaker, do you desire this resolution to be reread? This is the resolution of the Pathological and Bacteriology Section of the California Medical Association of April 28, 1952, with regard that it be declared an emergency and be acted upon.

SPEAKER CHARNOCK: It has been moved and seconded we declare this an emergency. Is there any discussion? Those in favor will signify by saying "aye." To the contrary, "no." It is declared an emergency.

SPEAKER CHARNOCK: We will entertain a motion to adopt this resolution.

A DELEGATE: I so move.

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that we adopt this resolution. Those in favor signify by saying "aye." Those opposed, "no." It is adopted.

VICE-SPEAKER RANDEL: Ladies and gentlemen of this House of Delegates, we now approach that high spot of the evening proceedings—

A DELEGATE: We are still on new business.

SPEAKER CHARNOCK: If anybody has any new business we will be glad to entertain it.

DR. J. M. DE LOS REYES (Los Angeles County): One of the finest phases of the scientific program was the motion picture section, especially in the surgical field, planning and techniques and procedure. One hundred and one films were shown in three and a half days, twenty-eight hours.

I ask permission of the Speaker of the House of Delegates to present the following motion, that we hereby commend Dr. Arthur Smith and his committee for the fine work they did in bringing about this part of the scientific program.

... Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that the secretary write a letter commending Dr. Arthur Smith and his committee on the fine work in the motion picture program. Those in favor signify by saying "aye." To the contrary, "no." It is passed.

VICE-SPEAKER RANDEL: Again, I have that pleasant duty of presenting to this House of Delegates your new officers for the ensuing year. First our President, Dr. Alesen. (Standing applause.)

DR. L. A. ALESEN: Mr. Speaker and members of the House of Delegates, ladies and gentlemen: During the past few years you have heard from me often and much, perhaps too often and perhaps too much. However, I crave your kind indulgence for just a few more brief moments in order to accept the office to which you have elected me. May I say I greatly appreciate that office. I accept it with proper humility and with appreciation of the responsibilities that go with it. In the exercise of that office, it will be my purpose to so comport myself as to reflect credit upon the California Medical Association, and use my very best energies and talents to help attain the achievements the Association desires in good medical care available to everyone.

There is a second purpose, to which I should like to direct my feeble talents and my few energies. You well know, at least most of you do, it has long been my view and a view I believe that is thoroughly grounded on the basic rock of history and biologic facts, that a physician owes more to his patient and to society in which he lives than just a mere performance of perfunctory professional duties in his own particular area. It is my opinion that by training, by history, and by experience a man who is well trained of course to look upon the human body in sickness and disease with an objective criticism could very ably be turned to an objective appraisal of the ills of the body politic. The same type of skepticism that diagnoses and treats cancer and T.B. in the sick human body could well be turned to diagnose a cancer of collective ills in the body politic. Therefore, I suggest you and I use more than our talents if we have them, but to do our very best to keep America, your country and mine, on a return to economic and social and political sanity. I believe, Mr. Speaker, we, the men and women of medicine, have a wonderful opportunity. Let's reclaim freedom in America. (Applause.)

VICE-SPEAKER RANDEL: That couldn't be any more inspired. My next privilege is to introduce to you the Speaker of the House. I beg your pardon. The President-Elect, Dr. John Green. (Standing applause.)

DR. JOHN W. GREEN: Members of the House, I have something on my mind and have had it on my mind for a great many years. At this moment I should like to tell you what it is. We have been hearing so very much recently about various types of abuse, including that old one of fees, which perhaps isn't so common these days, and others like fee splitting, and others that have taken its place. I should like to call your attention to one fact, that there is scarcely any other way of getting around such abuses than to return to the old dictum that we had years ago when I was a young doctor just beginning; to rededicate our profession to the care of the sick and let them pay for that service as a matter of course. It seems to me that we have come a long way towards thinking too much of a dollar. Of course I will admit mounting costs of keeping a home and educating children, buying clothing and other necessities which we have, perhaps may be some excuse in a manner for this, but I believe that if we have somebody in the medical schools who might perhaps train the young doctors more in the care of the sick and sympathy for illness that we wouldn't have the abuses we have at the present time. That's all I have at this time to say.

At this time it becomes my pleasure to introduce your new Speaker of the House, Don Charnock, who will succeed himself in the ensuing year. (Applause.)

DR. CHARNOCK: I don't think it is customary for the Speaker to make a speech. There is one thing I would like to leave with you. The Speaker and the Vice-Speaker during this next year are going to strive to the utmost to improve the mechanics of running this House of Delegates. We have run under a new constitution with a few little quirks here and there, but we're going to run this thing more efficiently so we will have plenty of time for discussion and less time for details. I think we have made a good start on the elimination of the roll call for which credit goes to young Dr. Foster who had the guts to suggest it. We thought it was all illegal, but it worked very well. There are several things we are going to try to do. We are going to try to get a

better room for you that is better ventilated. (Applause.) We are going to try to eliminate all these interruptions if possible. Some of them of course are very important, but we are going to try to start on time and end on time.

It is a pleasure now to present the Vice-Speaker, Wilbur Bailey. (Applause.)

DR. WILBUR BAILEY: I heartily concur with everything that the Speaker has said. I concur completely and have nothing further to report.

SPEAKER CHARNOCK: Now comes the time for a very pleasant duty for which we are going to ask Dr. Donald Cass to step forward.

DR. DONALD CASS: I don't have anything to say about Gordon. All I want to tell you is in my opinion that's the best damn President we ever had. (Applause.)

DR. H. GORDON MACLEAN: It is a very great pleasure for me to receive this from the California Medical Association, and it is not hard for you to see I received it directly from one of my very best friends. I appreciate it. As I was going out of the Coconut Grove today someone asked me if I had any other performances to go through with, and I said, "Yes, I am going to receive a plaque this evening." My wife reminded me I had a few of them in the bottom drawer of my desk. I assure you gentlemen that this will never get down there because I am going to keep it where I can look at it because to me it brings back very many pleasant memories. Thank you. (Applause.)

SPEAKER CHARNOCK: We will entertain a motion for the approval of the minutes, that they stand submitted by the committees.

A DELEGATE: I move the minutes be submitted. . . . Motion seconded. . . .

SPEAKER CHARNOCK: It has been moved and seconded that the minutes be approved as the committees submitted them. Those in favor signify by saying "aye." Those to the contrary, "no." They are accepted.

SPEAKER CHARNOCK: Is there any other new business to come before this body? If not, a motion to adjourn is in order.

It is moved and seconded we adjourn. Those in favor signify by saying "aye." We are adjourned.

The meeting adjourned at 9:30 p.m. . . .